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MEDICAL AND SURGICAL SCIENCE.

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Original Communications.

SCARLET FEVER AND CROUP.

BY WM. KERR, M.D., GALT.

(A revised copy of papers published in the *Edinburgh Med. Journal*, 1870.)

Dr. Copeland has stated that "the treatment of scarlet fever is unsatisfactory, and, in the worst cases, most unsuccessful."* In the greater part of the following instances, I trust that this opinion may be reversed. I do not venture to say what proportion such will generally bear to the whole number, but I cannot allow myself to believe that they will be exceptional. The remedy is the same as I have recommended in this Journal (August, 1873) for dysentery, omitting opium, which is to be added only when diarrhœa is present. When a number of the cases occurred, the bisulphite of soda combination, the bisulphite taking the place of digitalis or squills, was being tried in the hope that it would be adapted to those cases of disease of the mucous membrane where my older combinations displayed no potency; but farther experience has shown that where they fail, it also fails.

I have often been asked—Why use so many ingredients, especially why put together several not previously known in medicine? Suffice at present to say, that the result of this investigation comprising an examination of thirty-two plants or their products, and extending over five to six years, was a conviction, that though a medicine composed of a few of the ingredients might in some instances be adequate to cure, yet that the proportion of failures was very much reduced when all were employed. The acknowledged necessity for more than a single nutritive principle in diet is suggestive that we may be wrong in relying upon a single medicine in disease. As far back as the year 1812, Dr. Paris, in his "Pharmacologia," insisted that increased power is gained by combination of medicines of the same class; but, possibly owing to the discovery of the vegetable alkaloids, simplicity in prescription has prevailed, and the views of Dr. Paris have been overlooked.

The medicine now recommended is founded upon the principle that power is gained by combination, each component apparently possessing some property not contained in the others, the combined effect of these properties being necessary to combat the disease. In accomplishing this object, another of considerable importance has been obtained; owing possibly to the small quantity of each ingredient, in general no deleterious effect is produced, and the patient is sensible only of relief. In the various affections in which this medicine, or combination of medicines, has been tried by my medical friends or myself, its action is to heal ulceration of the mucous membrane, and the vascular and tender state which precedes it; often in the course of half an hour to induce refreshing sleep, gradually to bring about better digestion, and in scarlet fever to keep the bowels sufficiently open without causing uneasiness, and usually without requiring the aid of any other aperient. The digitalis combination, in some constitutions, produces delirium, dimness of vision, and giddiness; in others, pain or oppression in the region of the heart. The squill gives rise to no unpleasant effect, and, as a general rule, is suited to children.

The mucous membrane being affected in dysentery, and also in scarlet fever—diarrhœa likewise being a not unfrequent attendant of the latter—I entertained a hope that a medicine which has now for many years been eminently beneficial in dysentery, in the hands of my medical friends as well as my own, would also be valuable in scarlet fever. Excepting, however, a few slight cases at an early stage of the investigation, I saw none till the combination had reached its maturity. Thirteen years ago a young woman, on the second day of the eruption, had vomiting of fluid like coffee-grounds—always regarded as a fatal symptom—together with ulcerated sore throat, headache, and sleeplessness. In a few hours, after two doses of six grains each (without opium), she was asleep, and every symptom relieved; recovery was rapid.

*In the year 1864 there were 40,000 deaths from scarlet fever in the United Kingdom.

Dr. Philip, of Galt, in a communication to me, says: "In eleven severe cases of scarlet fever, in the autumn of 1860 and spring of 1861, I gave to some the digitalis, and to others the squill combination. Whether administered for the first time on the second day, or not till the fourth or fifth, relief uniformly commenced in a few hours at farthest. Soon after the first or second dose, sleep ensued, pain and vascularity of the fauces abated, frequency of the pulse and feverish heat diminished, and vomiting ceased. Diarrhœa and vomiting were present in a few of the worst cases, but were always stopped by one or two doses containing a minute quantity of opium. A crisis might therefore be said to have taken place, and the disease to have been cut short, within twelve or twenty-four hours from the administration of the first dose; the eruption, notwithstanding, continuing the usual time. In some, there were glandular swellings beneath the ears; and though I dreaded suppuration in one or two scrofulous children, the swellings gradually disappeared. No patient, whether slightly or severely affected, was afterwards seized with anasarca, and all recovered except one of my earliest, to whom, from want of confidence at that time, the medicine was not administered till after the failure of ordinary remedies; even then relief and benefit were most marked, and the patient died from exhaustion, and not strictly from scarlatina. To my earlier patients I likewise gave chlorate of potash, but gradually trusted altogether to your remedy."

From the notes of Dr. Mackintosh, of Hamilton, I extract the following cases:

No. 1.—1863.—A girl, eight years of age, was seized in school, and sent home complaining of sore throat; she was much flushed, and vomited repeatedly. During the night, diarrhœa, delirium, and high fever were superadded. Next morning, when first visited by Dr. M., her face was flushed and congested, throat inflamed, almost purple, deglutition difficult, pulse very frequent; one grain and a half of the digitalis combination was directed to be given every three hours. She was quickly relieved, and spent a good night; next day, the third of the illness, all the symptoms were considerably improved, and on the succeeding day she was almost well. Dr. M. remarks that this was a very severe attack, and the action of the medicine speedy and most satisfactory.

Nos. 2 and 3.—Two severe cases, which occurred at this time; both were rapidly relieved and cured. Of one of these it is said that she was first seen on the third day, and in four hours after two doses was much better in every respect.

No. 4.—This patient was not visited till the disease was far advanced, and extensive abscesses had formed in the neck. Died.

No. 5.—18th October, 1864.—A stout boy, aged four years; initiatory symptoms severe; digitalis combination prescribed. After some days' treatment, all the symptoms were favourably modified, the recovery was good, without sequelæ.

Nos. 6 and 7.—23rd October.—Two children, aged respectively three years, and fourteen months. The former, a very severe case, was under treatment for fourteen days, but ultimately did well under the digitalis combination, followed by quinine and iron. The latter, mild; after each dose sounder sleep always ensued; cured in a few days.

Nos. 8 and 9.—25th November.—Two children, aged seven, and five years; the former mild, and recovery rapid; the latter as severely and dangerously affected as Dr. M. ever witnessed; was nearly two weeks under treatment, but had a good recovery under the digitalis combination, followed by quinine and citrate of iron.

No. 10.—27th November.—A child four years of age; moderately severe attack; did well under the same treatment.

Nos. 11 and 12.—1st December.—Two children, aged three and five years; the former, a neglected case, not seen till very late in the disease, died; the latter did well under treatment with the digitalis combination.

No. 13.—19th December.—A boy aged twelve years; a severe attack; treatment as above; recovered.

No. 14.—A girl aged three years; a pretty severe attack; did well under the same treatment.

Nos. 15–20.—Six of Dr. Mackintosh's own children were almost simultaneously seized, three slightly, and three severely; indeed, so severely, that Dr. M., with ordinary remedies, would have looked upon the attacks as necessarily fatal. He trusted all to the digitalis combination, no other medicine, except gargles, being given.

May, 1869.—Dr. M., in reply to a letter requesting a statement of his continued experience, says: "For the last four years I have preserved no record

of cases, on account of the uniform success attending the administration of your medicine ; the result, to the best of my recollection, having been in every instance successful. In malignant cases, I also kept the apartment well ventilated, and the air slightly impregnated with sulphurous acid."

Dr. Howitt, of Guelph, in five severe cases, gave the digitalis combination ; all were speedily relieved and cured.

A child of Dr. Ogden, lecturer on Materia Medica, Toronto, aged eighteen months, was seized with scarlet fever, which at first was mild, but as the eruption was passing away the fauces became swollen, livid, and ulcerated ; at the same time, cough and oppressed breathing from the secretion of viscid mucus came on ; she was restless, and slept little. There was a copious discharge of matter from the mouth, and in a lesser degree from the nostrils and meatus auditorius externus, which, possibly owing to the acrimony of the matter, excoriated the lips, nostrils, and lobes of the ears ; there was also diarrhœa. Chlorate of potash was the medicine chiefly relied upon ; and on the accession of diarrhœa, Dover's powder was added, but no improvement took place. The danger being evidently great, and Dr. Ogden, having previously successfully treated one or two cases of scarlet fever with the squill combination, now gave it along with opium. Diarrhœa and the bronchial symptoms were at once relieved, better sleep was enjoyed, the ulcers began to heal, and recovery went on from almost hopeless symptoms.

In February, 1864, Dr. McIntyre, of Hespeler, C. W., applied to me under the following circumstances :—Three children of a family had died of scarlet fever, and a fourth, nine years of age, was dangerously ill. It was the seventh day of the disease, pulse 150, glands beneath the angle of the jaw swollen, and the throat very painful. In fifteen minutes, after a dose of the digitalis combination, was asleep ; on awaking, two hours afterwards, pain was evidently lessened, and the pulse had fallen to 140. Four doses were given daily, recovery was rapid, and the swollen glands diminished, without suppurating.

The following fatal case occurred in my own experience :—An unhealthy child, two years of age, who had just recovered from a severe attack of measles, treated successfully by the squill combination, thirty-six hours after seizure had a pulse at 180, eruption dusky red, ulcerations in the back of the fauces, and breathing oppressed from the secretion of viscid mucus. She had been fretful and without sleep from the commencement. In ten minutes, after two grains of the squill combination, was asleep, and by three such doses daily, slept without oppression in a comparatively comfortable manner nearly the whole of the following six days, the stuffing and tenderness of the nostrils and the phlegm in the fauces becoming less. On a few occasions the administration of a dose was inadvertently postponed some hours, when restlessness took place, which, on a dose being given, was always allayed, and in a few minutes the child was asleep. Neither was the benefit confined to the promotion of sleep ; in six hours after the first dose, swallowing, which previously had been very painful, became comparatively easy, feverish heat declined, eruption became bright red, and the child passed through the disease with little suffering, One unfavorable symptom continued, notwithstanding—the pulse hardly abated in frequency. At an early period, two discharges of half-digested blood took place, producing great weakness, and indicative of extreme danger. Petechiæ gave a similar indication. She was supported by brandy, and, as soon as appetite began to return, by nutritious food ; I may also add, by long and sound sleep during the whole treatment. The period of desquamation had passed, but her strength did not rally, and she died exhausted on the eighteenth day, the only diseased appearance, as shown by a post mortem examination, being slight ulceration of the fauces, still unhealed.

In contrast with the persistent frequency of the pulse in the preceding case, caused, I apprehend, by weakness, are the following :—The medicine was first given to the patient, a boy of ten years, on the second day of the eruption ; the pulse was then 156 ; on the third day 120 ; and on the fourth, when the eruption was at its height, 96 ; all the symptoms which indicated danger having diminished in severity along with the decline of the pulse. In my notes of another case in a boy of 15 years, on the first day, when treatment commenced, the pulse was 108, next day 96, and on the third 76.

25th May, 1868.—A child, fourteen months old, previously attended by another practitioner, who this morning had been under the necessity of going to a distance, and who had treated her with ordin-

ary remedies. The symptoms having this day become much worse, I visited her at 5 p.m. The pulse was 188, breathing difficult, and swallowing painful; glands on both sides of the neck, especially on the left, swollen; tonsils inflamed and swollen, and a white slough on the left; eruption nearly gone; lips and cheeks somewhat livid; space around the mouth pale; restless, constantly pushing her mother (on whose knees she was lying) with her hands and feet; drowsy, but unable to sleep on account of difficult breathing. I gave three grains of the bisulphite of soda combination, and waited an hour to witness the effect. At the end of this time she was sensibly easier, and sleeping somewhat soundly.

9 P.M.—A second dose of three grains was given an hour ago; at present pulse 148, swallows with little difficulty; breathing easier; sleeping more calmly; bowels moved once, the first time to-day.

26th.—10 a.m., Sixth day.—Last night slept well, except for a short time about 4 a.m., when the effect of the medicine began to wear off, but another dose restored sleep and tranquility; slough gone; glands less swollen and less painful; swallows easily; pulse 144.

9 P.M.—Had a fourth dose at 11 a.m., and a fifth at 7 p.m. Bowels moved once to-day.

27th.—Seventh day.—Slept well last night; sixth dose at 5 a.m. Appears now to have made up lost sleep, as a dose is not followed by drowsiness as formerly.

28th.—Though the swelling of the glands has disappeared, this forenoon pus commenced to flow from the left ear.

1st June.—Tincture of the digitalis combination has been dropt into the ear daily since last report, and pus is now little more than visible. Bisulphite of soda combination was given for five days in whole.

26th May, 10 A.M.—A sister of the preceding, three years of age, was seized during last night with vomiting. At present is unwilling to swallow on account of pain in the throat, which is reddened internally, but there are neither slough nor swelled glands; breathing is noisy; she tosses in bed, her eyes are half open, and her appearance indicates distress; pulse 160. Skin, especially of face and neck, red. Three grains of the bisulphite of soda combination were given; in fifteen minutes she was asleep, and breathing more easily.

9 P.M—Two hours ago, restlessness having come on, a second dose was given, which was followed by tranquillity; indeed she has slept almost the whole day. At present swallows easily, pulse about 150. Bowels not yet moved.

27th, 10 A.M.—A third dose was given last night, and a fourth early this morning. Slept well; no soreness of throat; eruption abating; at present is playing with her toys in bed.

1st June.—Well. Bisulphite of soda combination was given for five days.

It may be remarked of both patients, that from a very short time after the first dose there was little suffering, evidenced by continuous comfortable sleep, and diminished pain in swallowing.

An elder brother had an attack of scarlet fever, which ran its course very mildly. Bisulphite of soda combination was given from the commencement, and continued five days, each dose giving relief.

Another brother, who had had the disease about the beginning of May, had been out of bed, and often out of doors, for a fortnight, when he began to complain of pain in swallowing; at the same time the glands at the angle of the jaw were discovered to be swollen and painful. Six grains of the bisulphite of soda combination were given twice a day. In twenty-four hours he could swallow easily, and in ten days the glands had returned to their natural size—a common result likewise under the digitalis or squill combinations, as may be seen in several of the preceding cases. I am glad to say that in no case has deafness followed,* and anasarca in only one.

May, 1869, Dr. Vardon, Hawksville, now of Galt, says:—"I have taken notes of thirty-five important cases of scarlet fever which have occurred within the last two months in the epidemic prevailing in this locality, but want of leisure compels me to give merely the result of my observations. I deem myself fully justified in stating that the combination used—that containing bisulphite of soda—when administered in the early stage, produced in twelve to eighteen hours a decided amelioration of the symptoms; even where pain in the throat had been so severe that patients swallowed with great difficulty, they were so much relieved as to be able to drink with comfort, the pulse, losing its

* According to statistical tables, scarlet fever adds from one-fifth to one-third to the number of those who become deaf from disease.

tension, having become fuller and less frequent, and the skin having also become cooler and more moist; in fact, the disease was conquered. In several of the severe cases—*I had none of the malignant variety*—there was diarrhœa; in treating these I added a small quantity of Dover's powder to each dose. I have seen no ill effect from the medicine, and have not lost a patient."

A month afterwards Dr. Vardon writes as follows: "The epidemic of scarlet fever in this locality has now terminated. I have treated 43 cases with the bisulphite of soda combination, to which, when the patient was plethoric, I added a portion of the digitalis. The greater part would, in all probability, have got well under ordinary treatment; nine, however, had *very severe* attacks, yet I am happy to say that every one has recovered.

"To afford a better idea of the severity of some of the onsets, and of the effect of treatment, I shall give two which were complicated with convulsions.

"A boy, aged eight years, on the 14th April was seized with convulsions, and had five fits before I reached his residence at 5 p.m. His pulse was then 140, skin very hot, constant vomiting, conjunctiva injected, delirium, the throat so much swollen, and, together with the nares, so filled with frothy mucus, that respiration was hurried, and performed with difficulty; eruption well out. I ordered a warm bath, mustard to the throat and epigastrium, and gave ten grains of the bisulphite of soda combination, to be followed by eight grains every six hours.

"15th.—After swallowing the first dose yesterday, an hour elapsed without vomiting, which has ceased altogether since the second; during the night slept five hours at one time, and had several short naps; swelling in throat very much lessened; skin moist; pulse 100; bowels once moved.

"Next day his father called upon me and reported him well. Three days afterwards I was requested to visit another child in the same family, and found my late patient sitting in bed, free from fever and out of danger.

"16th April.—A child, aged 18 months, was seized with convulsions, which had continued eleven hours before my arrival; throat very much swollen, and clogged with mucus; fluids in part returned by nostrils; no eruption. Ordered warm bath, followed by friction with warm flannels; gave five grains of the bisulphite of soda combination with two of the digitilis, and ordered a similar dose every six hours.

"17th.—After second dose, slept for four hours; has had no more convulsions; throat very much better; can swallow with ease; scarlet eruption general over the body; skin moist.

"Recovery was completed in four days.

"In only one instance did anasarca follow recovery from scarlet fever."

"20th April.—A girl, aged fifteen years. Indisposed for five days. Eruption well out; skin hot and dry; pulse 140. Has vomited constantly for four hours. Considerable delirium. Throat much swollen, and covered with ulcerated patches. Directed ice to be taken instead of water, mustard to be applied to the epigastrium, and five grains of bisulphite of soda combination to be given every six hours.

"21st.—First two powders were rejected; slept three hours after third dose; not so thirsty; skin inclining to become moist; pulse 130; no delirium; bowels moved once.

"22d.—Since yesterday has slept half of the time; eruption pale; swallows with ease; little thirst; pulse 90; medicine continued.

"Well in five days from commencement of treatment."

"A child, aged two years, had diarrhœa for three days before eruption appeared, at which time I first visited him; the throat was then very much swollen, with muco-purulent discharge from nostrils and mouth; swallowed with great difficulty; tongue covered with dark fur; eruption pale and not well out; pulse 150. As the discharges were frequent about once every three hours, and exceedingly fœtid, I gave one-eighth of a grain of opium with three grains of bisulphite of soda combination every six hours; directed ice to be frequently placed in the mouth and warm fomentations to the bowels.

"On the following day I learned that he had had only two discharges from the bowels, and had slept well; skin cooler; pulse 130; discharge from nostrils and mouth much lessened, but there was little improvement in the state of the throat. As diarrhœa had ceased, opium was discontinued, but three grains of the bisulphite of soda combination were given every six hours, and solution of the chlorate of potash applied in a sponge to the throat every twelve hours.

"The affection of the throat healed slowly; but he was cured in eleven days without any other remedies."

I have so often mentioned sleep following the administration of the combinations, that I may say sleep thus procured seems to come more from relief to uneasiness or pain than from a directly soporific effect; because, when distress has terminated, and the patient no longer requires unusual length of sleep, drowsiness no longer follows a dose. By consulting Dr. Brown's case in my first paper on Dysentery,* it will be seen that sleep from opium in that instance nearly approached to narcotism, but sleep from the digitalis combination was sound and refreshing. I may say that in all instances which have come under my notice, such is the character of the sleep so procured. Moreover, in scarlet fever, the respiration, previously oppressed from the presence of viscid secretion in the fauces, becomes easy while the patient is sleeping; and by a repitition of doses, sleep may be maintained as long as exhaustion caused by the disease demands it. The reader will observe that out of at least ninety cases there were only four deaths, and of these only one seen at an early period; therefore, though he may not bring himself fully to approve of the various components of the medicine, he must admit that in the meantime success justifies my confidence in it.

The cases related in this paper are at variance with the received opinion that scarlet fever must run its course, and that the utmost which medical treatment can accomplish is to mitigate symptoms, though very often failing to do even this. I trust that I may venture to say that these cases show that the disease may be arrested in any part of its course, if no complications have formed. Referring to the reports, the patient, though previously tossing and restless was asleep in an hour from the first dose; in a few hours pain of the throat was lessened, and, consequently, swallowing was easier; by this time the pulse was found to be less frequent, and each succeeding day generally witnessed a progressive decline both of the pulse and of feverish heat. By what name are such changes to be called, but an arrest of the disease?

Looking back through a series of years, it will be found that epidemics of scarlet fever differ considerably in their character, at one period inflammatory, almost every patient benefitted by bloodletting, and where this remedy was not employed severe cases terminating fatally. In a year or two perhaps the illness had ceased to be inflammatory, and bloodletting had become inadmissable. In the following cases of croup it will be seen that a disease, in the greater part of instances requiring bloodletting, usually yielded readily to the Squill or Digitalis combination, hence perhaps it may be inferred that even an inflammatory epidemic of Scarlet fever may be similarly manageable. But there are cases, as I experienced two years ago, which yield neither to these combinations, nor to bloodletting, and possibly belong to the same variety of affection of the mucous membrane as the exceptional cases in Dysentery, and may require the same remedy.

Croup, as is well known, soon passes the stage in which remedies are of any avail, and medical men are forced to be mere spectators of agony which they cannot relieve, and which they and the parents are constrained in kindness to long to see terminated by death. To one of such hopeless cases I was called in December 1859, on the fourth day of the disease. The breathing was distressingly difficult and croupy; the skin near the lower insertion of the sterno-cleido-mastoid muscles were sucked down during inspiration; cough croupy; tongue white; pulse frequent; lips and tips of the cheeks livid; other parts of the face chalky white. Emetics and calomel had been given, and the time for bloodletting had passed away. Possibly, some might have advised tracheotomy; but as this at best is a doubtful remedy, condemned by our most judicious writers, I resolved to try the digitalis combination without opium. A few hours were lost in ascertaining the necessary dose, but fifteen minutes after two and a half grains (the age being four years), she was asleep, and in other fifteen the croupy breathing suddenly ceased, without the child having awaked or expectorated. On awaking, two hours afterwards, the breathing became more noisy, but another dose procured sleep, and restored easy breathing. Next day she was better in every respect, and in a few days was quite well. The greatest quantity given in one day was seven and a half grains, and

* Canada Lancet, August, 1873.

the total quantity thirty-seven and a half, or fifteen doses.

In the next instance, I was called, on the second day of the disease, 6th January, 1860, to a child of fourteen months, brother of the preceding, to whom an emetic and purgative had been given, without, however, procuring relief to breathing. The respiration and cough were croupy, but the color of the countenance and its expression were natural; pulse 156. He was a robust-looking child, yet the veins of the hands and feet were thready in diameter. I opened one on the wrist which, for its size, bled freely; and though, by immersion in warm water, bleeding was prolonged for two hours, the total quantity of blood lost was trifling, and did not produce faintness, or the marked remission in the symptoms which blood-letting usually causes. A powder containing nearly two grains of the digitalis combination was given, but it was not till the third was administered, six hours afterwards, that a decided effect was observed. It had not been swallowed many minutes when he fell asleep, and his breathing soon after became easy—indeed, so suddenly, as to warrant the belief that the difficulty of breathing had not proceeded from the accumulation of mucus, or the formation of a false membrane; there was no expectoration to account for the change. In the next sixteen hours six powders were given, and between nine and ten hours of sleep obtained. The breathing, though still croupy, was much improved; the skin over the spaces near the lower insertion of the sterno-cleido-mastoid muscles was not sucked down in inspiration, as at the commencement of the treatment, and for a short time he played with the other children. This, however, was his best period, and for six hours he did not require a dose, but difficulty of breathing with cough returned; and though in the following twenty-two hours eleven doses, several of them the squill combination, were given, it is stated in my notes that the general character of this period was a short amount of sleep, owing to difficulty of breathing and frequent cough. I had now given thirty-six grains, of which the twenty last administered had not prevented the disease from gaining ground. The bowels had been kept sufficiently open and the child had been put into a warm bath without benefit. Disheartened by want of success, I abandoned all treatment, and he died twenty-seven hours afterwards.

A subsequent case has possibly thrown light upon the cause of failure. A full-bodied child of sixteen months, twenty-four hours ill, though treated with ipecacuan, calomel, and tartrate of antimony, was getting worse. In consultation with Dr. Pipe of Berlin in this neighbourhood, two grains and a half of the squill combination were given; in fifteen minutes sound sleep ensued, and croupy breathing ceased. Returns of croupy breathing required three doses in the next thirteen hours, each dose being followed by sleep and easy breathing. Another return, somewhat worse in its character, indicated that the disease, though checked, was not subdued. The child's fatness obscured every vein, except the external jugular, which was opened, and a considerable quantity of blood extracted in a full stream, without, however, producing faintness. When the flow of blood was stopped, the breathing had become easy, and a few doses of the squill combination completed the cure. In my notes of the fatal case preceding this, it is remarked that the child's countenance remained ruddy, and his eyes clear, till twenty hours before death. These circumstances, together with the result of the case just related, incline me to think that I ought to have proceeded to open the external jugular, undeterred by the apparent want of blood in the veins of the wrist and feet.

I have met with no other cases, so inflammatory as to require bloodletting; the others readily yielded to the squill or digitalis combination, premised in some by an emetic.

Dr. Mackintosh of Hamilton reports four cases of croup in 1864. They were seen in an early stage, and were cured by either the digitalis or squill combination alone; the relief in all was most marked, and almost immediate. In the winter of 1865, a stout boy, aged three years, was seized with croup; there was high fever, flushed face, and rapid pulse. Two and a half grains of the digitalis combination were given every three hours; relief was speedy and permanent, and in four days he was quite well. A child of twenty months had an attack more urgent than the preceding, but by the same treatment was cured in a few days. Dr. Mackintosh, in a letter dated 30th July, 1869, says, "I have not kept notes of cases for the last four years, but I always use the digitalis or squill combination in croup. I am not aware that they have ever failed."

Dr. McIntyre of Hespeler was called to a boy,

seven years of age, who had been ill for twenty-four hours, during the last four of which respiration was most difficult, the skin near the lower insertion of the sterno-cleido-mastoid muscles being sucked down at each inspiration; the lips and tips of the cheeks livid; the other parts of the face chalky white. An emetic gave considerable relief, but breathing being still difficult and distressing, a dose of the digitalis combination was given; in fifteen minutes he was asleep, and soon after croupy breathing ceased. Four doses were administered daily, and in a day or two he was quite well.

In the several cases of croup, cessation of dyspnœa was unaccompanied by expectoration. I was much surprised when I first witnessed a child with loud croupy breathing, and every symptom of air entering the lungs with extreme difficulty, breathe easily, and without noise, in the course of half an hour, no mucus having been brought up to account for the change, and only a trifling amount coughed up during recovery; but I have now been long familiar with the fact. Relief given by bloodletting, when this remedy is successful, is equally rapid and great, and cannot be accounted for by expectoration, which, unless the child vomits, seldom occurs. It is therefore chiefly to the abatement of the inflammatory condition of the lining membrane of the trachea and bronchiæ that the benefit derrived from both remedies is to be attributed. These facts confirm the opinion of Dr. Cheyne and others, that dyspnœa in croup does not arise so much from the exclusion of air by the secretion of mucus, or the formation of a false membrane, as from the inflamed state of the respiratory passages.

Most cases of croup, and possibly all in the advanced stage, having not only the larynx and trachea, but also the bronchiæ inflamed, and containing a considerable quantity of viscid mucus or muco-purulent secretion, bronchitis in such cases forms a portion of the disease, and the conclusion is inevitable that the same remedy is adapted to both. Several of my correspondents report to me generally their success in bronchitis unmixed with croup, a success which corresponds with my own experience. The dyspnœa diminished, the livid countenance regained its natural color, the cough became less frequent, indicating that the copious mucus or muco-purulent secretion was lessened, and likewise more easily expectorated. When cough is incessant and severe, a tincture of the digitalis or squill combination is preferable to any other form, owing to the whole dose entering the system at once, thus overpowering the cough, which speedily ceases, and the patient falls asleep. The returns of coughing become less frequent, and, possibly in consequence of longer intervals of rest, and the direct influence of the medicine in healing the tender mucous membrane, recovery goes on, and phthisis, I am satisfied, in some instances averted.

Dr. Clarke, of Paris, in this neighbourhood, in a case of severe confluent small-pox, occuring in a vaccinated person, reports that the condition of the throat and upper portion of the respiratory passages, and of the function of respiration, rapidly improved when he commanced the use of the digitalis combination, which for several successive days was the only medicine given. This case was likewise seen by Dr. Dickson, who was equally satisfied of the benefit derived.

A young gentleman with confluent small-pox, in whom the early appearance of the eruption, gave reason to expect a dangerous illness, was treated with the tincture, to which a small quantity of hydrate of chloral was added. He passed through the disease without distress from bronchitic symptoms, and almost without distress of any kind, enjoying a considerable amount of sleep, and always retaining some appetite.

I have seen a very severe attack of whooping cough yield to the tincture alone; generally, however, the addition of chloral is also necessary.

During the hottest weather of a Canadian summer, an affection of the lips and gums occasionally prevails, in which these are swollen and painful, with numerous small ulcers upon their surface. Dyspepsia is frequently an accompaniment. Left to itself the complaint may continue for weeks, producing considerable distress, but without danger. In every instance which has occurred to me, relief and speedy cure followed the administration of the digitalis or squill combination. I mention this affection because its decline under medicine is as patent to the eye as an experiment in a laboratory, and because I am not aware that it has been noticed by any author.

In the second volume of the Transactions of the Provincial Medical and Surgical Association of

England, 1834, Mr. Grindrod relates a case of hydrophobia, and illustrates it by a colored plate showing great vascularity of the mucous membrane of the trachea, pharynx, œsophagus, stomach and duodenum, accompanied with incipient ulceration in the lower part of the œsophagus. When, fourteen years ago, I first gave the digitalis combination in an apparently hopeless case of croup I relied on the tried efficacy of the medicine in other severe affections of the mucous membrane; and now, guided by conclusions made stronger by longer experience, I would not hesitate to give the same in hydrophobia.

Braehead, Galt, October, 1873.

CASES IN PRACTICE.

BY C. M. SMITH, M.B., M.C.P.S.O.

Case 1.—Traumatic Tetanus.

A. McD—d, æt 13, seen by me for the first time July 13, 1871. He had received a lacerated wound of the index, middle and third fingers, caused by the picker in a woolen factory four or five days previous. He began to complain two days ago of stiffness of the neck and limbs, and inability to open the mouth, along with a difficulty in swallowing, which had been treated by another practitioner with permanganate of potash gargles. When I saw him, his appearance was that of tetanic suffering; the jaws firmly set; *risus sardonicus* well marked; perspiration profuse; rigidity of back and knees; abdominal muscles like a board. He had slight opisthotonic attacks every fifteen minutes; tongue had been wounded.

Administered a turpentine injection, which not producing sufficient action, was followed by a a second. After this had acted, an opiate enema (Tr. opii ʒi.) was given, followed by considerable relief.

July 14th.—Patient had some ease for four or five hours after last night's injection, but is worse this morning; pulse 120, perspiring profusely, opisthotonic spasms occur every 5 or 10 minutes. Another injection (turpentine) was administered, and after the bowels had responded, xx minims of a morphia solution (gr. i. ad. ʒi.) were given by means of the hypodermic syringe. This relaxed the trismus sufficiently to allow of ʒii. of beef tea being given every half hour, and also reduced the frequency and severity of the spasms. Continued the hypodermic injection every six hours.

July 15th.—Spasms not so severe, but deglutition so difficult as to oblige me to give the beef tea by enema. Succeeded in obtaining a few grains of Ext. physostig, V. of which a solution containing grs. iv. ad. ʒi. was administered in M. xx doses every four hours until pupils were contracted. As deglutition was impossible, I gave M. xx. of the same solution hypodermically at 11 p.m.

July 16th.—Had rather an easy night, although he slept little. Patient continued to improve under the administration of from ½ to 1 grain of the Ext. daily in divided doses, but the trismus and rigidity continued, although the spasms were checked. During a couple of days the Ext. could not be had, and morphia was substituted, with the result of a relapse of all the most severe symptoms. At the end of this time, the bean was obtained, and M. xx. to M. xxx of a tincture containing ʒi. ad. ʒii. Sp. rect. were given sufficiently often to keep up the condition of relaxation. By the end of the month the patient was able to swallow pretty well, and complained of nothing except the general soreness.

By the 15th of August he was fully recovered, and was going about.

Case 2.—Extravasation of Urine.

On the 10th of Dec., 1871, I was called to see Peter L—b, a sailor, who was said to have 'fever and ague.' On examination, I found the patient evidently affected with extravasation of urine.

History:—Patient had gonorrhœa about 12 years ago, and more or less of a gleety discharge had continued ever since. He had also since that time considerable difficulty in voiding urine, but was never obliged to use a catheter. About ten days ago he had a chill, and felt a throbbing pain in the perineum; the scrotum then commenced to swell, reaching at the time I saw it the size of a child's head.

Present appearance:—Scrotum, red, swollen and œdematous; penis in a state of paraphimosis, and distended like a contorted bladder; the hypogastric region also red and tender, pitting slightly on pressure; the perineum does not seem much affected.

Patient micturates at present without much

straining, but has simultaneous liquid motions from the bowels. On attempting to pass a No. 6 catheter, it stuck at the scrotal angle, where a hard gristly state of the urethra could be felt externally. Having nothing smaller than a No. 4, I was not able to reach the bladder. I made several small incisions in the penis, giving exit to almost pure urine, and two large incisions on each side of the scrotal raphe, and enveloped the whole in cotton wool impregnated with carbolic oil. Ordered grs. x. P. Doveri, at bed-time.

Dec. 14.—Penis no longer œdematous, scrotum much diminished in size, and discharging sloughs and shreddy pus from the incisions. Two sloughs have formed at each side where the scrotum rested against the thighs; abdomen not so tender, bowels not so loose since commencing to take Oi. whiskey daily. Applied a linseed poultice sprinkled with carbolic lotion (1 in 50).

Dec. 16.—Sloughs have separated, with the exception of a small one on the left side. The tunica vaginalis is exposed on each side, and the epididymis is visible through the lateral openings; the whole inferior portion of the scrotum is lost. The prepuce again becoming œdematous, was incised. Patient voided urine this morning by natural passage; does not think that any escaped otherwise, except a small quantity from the lower portion of the left side. After an hour's manipulation, I succeeded in passing a No. 2 gum elastic catheter into the bladder. The strictured portion seemed about an inch in length. No urine escaped, in consequence, I suspected, of the eyelet being plugged. I withdrew the catheter and cleared the eyelet, and again introduced it, giving exit to a small quantity of healthy looking urine. The catheter was left in for about half an hour, when the patient complaining loudly, it was withdrawn. Patient's appetite improved, pulse 84, sleeps two or three hours at a time. There is still a brawny feel in the subpubic region.

Dec. 17.—Some discharge from the openings, which are skinning over fast. Drew off a small quantity of healthy urine morning and evening. Found him in a rigor at my evening visit, and complaining of pain in the right lumbar region; it had attacked him after supper. Ordered a hot sling, and left P. Ipecac co. grs. x., to be taken at once.

Dec. 18.—Had slept a little and had passed some urine; had a couple of chills this morning. Tongue furred, appetite not so good, thirst considerable, pulse 90, small. Drew off about 4 oz. of urine of normal appearance, after which patient felt easier.

Dec. 19.—Openings in scrotum closing rapidly; feels well every way. Continued to improve from this date; a good healthy skin formed over the testicles, and gradual dilatation of the stricture was kept up until I was able to introduce a No. 12. The patient then left town, since which I have not heard from him.

This case forms a striking example of the reparative power of the skin of the scrotum, as where the sloughs had separated there was only a narrow bridge along the raphe, the whole of the side and bottom of the scrotum having disappeared.

CASES IN PRACTICE.

BY JAMES HENRY, M.D., ORANGEVILLEE.

Case I.—Puerperal Convulsions of an Epileptiod character, treated and readily subdued by Cannabis Indica and Bromide of Potasium.

The Patient Mrs. S., aet. 26, of anæmic habit and anasarca of both legs—seven months' advanced in pregnancy; was seized suddenly with convulsions; had six, and was in the midst of another one as I arrived, which for severity and duration I never witnessed. On enquiring, I found that the paroxysms were becoming more frequent and severe within the last 3 or 4 hours. When able to swallow, I administered, Tinct. Cannabis Indica, M. xxx., Potas Bromidi, grs. xxv., Aquæ puræ ℥iss x., repeated the dose in 40 minntes. The next paroxysm came on in about 2 hours; was much milder, and lasted but a short time. The 9th and last was very mild. At this stage I injected ¼ gr. morphine into the arm, and was pleased to see my patient drop into a sound sleep, from which she awoke in about 2 hours, and partook of some broth, quite unconscious of what had transpired. From what I could learn of the previous history of the case, (not being a patient of mine before the present time), she had been treated for some affection of the Kidneys. I examined the urine at my leisure, and found it loaded with albumen; this, no doubt, being the predisposing if not the exciting cause of the attack,

Nearly 4 hour's after the last paroxysm I delivered her of a still-born child, evidently not long dead, (in fact she had remarked to her mother 2 hours before being seized with the convulsions, that the child was very strong), consequently, I consider that premature labour was induced by the violent convulsions she had. I am not aware that there is anything unique in the treatment, but certainly it served me well that night, and you may rest assured I will resort to it again the first case that occurs.

CASE II.—EXCISION OF THE ELBOW-JOINT FOR COMPOUND COMMINUTED FRACTURE OF THE BONES OF THE ARTICULATION.

The above operation was performed for an extensive wound entering the elbow-joint, and completely shattering the articulating ends of the bones. The Patient, Daniel Clark, æt. 16, a very healthy boy, in attempting to remove lumber, was thrown with great force on a circular saw which was in motion, inflicting the above injury. On examination, six hours after it occurred, I found an extensive transverse wound, greatly lacerated, over and extending into the joint on its posterior surface. The ulnar nerve, ligamentous and muscular attachments were completely torn. The greater portion of the *brachialis anticus muscle* was cut through, but not sufficiently deep to injure the brachial artery. The bones entering into the formation of the joint were greatly comminuted, with the exception of the radius, which had only a small piece removed from its articulating end. It appeared to be a very favorable case for endeavoring to save the limb by excision. In arriving at this conclusion I was supported by my friend Dr. Lawrence, of Mono Mills, who fully concurred with me in the propriety of the operation.

The patient being thoroughly under the influence of ether; I made a longitudinal incision, and dissected freely all muscular attachments; the bones were then sawn across at a distance from the extremities sufficient to include all the comminuted fragments. Very little hemorrhage occurred. The edges of the wound were brought together with sutures and adhesive plaster. A splint was adjusted retaining the limb in a semi-flexed position, resting on a pillow; carbolized oil being constantly applied. On my visit, 3 days after, considerable swelling, and more or less constitutional disturbance were present; the wound was apparently quite healthy, and no indications of pus. At my next visit, 7 days after the operation, purulent matter was being discharged freely, but of a healthy character; and the surface of the wound was granulating nicely. From this time the case progressed most favorably.

CHARLATANISM.

BY GEORGE GRENIER, M.D.

Translated from *L'Union Medicale du Canada*, by Thos R. Dupius, M.D., etc., Kingston.

(*Continued.*)

Aggrieved at seeing charlatanism lifting its head higher than ever in our city for some time past, we directed attention, in our last number, to it as an evil which threatens to assume still larger proportions.

It seems as though we must have touched upon a deep-seated plague which has invaded all parts of the Province, for we have since then received a number of letters ftom professional brethren acquainting us with the existence of the same trouble, under forms more or less similar, in their localities.

The medical profession ought to take a hearty interest in abolishing abuses that can effect the public health in a prejudical manner, and we are pleased at seeing them apparently decided about using means to accomplish this object. Laying this question aside for the present, but intending to return to it in a short time, we will allow some of our correspondents to speak.

One writes to us that a certain Dr. (?) Teasdill, who used to perform the most astonishing cures by the sole imposition of his hands, died recently in Buffalo. The following articles, namely—a horseshoe, a stuffed frog, a hazel nut, and an old English shilling, all carefully wrapped up in cotton, were found hung about his neck. This noble representative of the progress of enlightenment, above all else, possessed a special power of dislodging frogs, serpents, lizards, and other animals from the stomachs of his dupes; and, according to his showing, these were a very common cause of the diseases from which they suffered. He exhibited, moreover, a great number of certificates signed by persons who, by his power, had been reliev-

ed of these unpleasant guests. This fact serves to show how void of reason man must become, when his own conceit impels him to fall into the hands of deceivers of this class. This poor devil himself was more honest than many others, however, for he appeared to possess an amount of confidence in the power of his amulets.

We shall next quote from a letter that was addressed to us by Dr. C. A. Lesage, of St. Clair:—"Allow me to congratulate you upon the seemingly growing success which your publication has met with from its commencement. Isolated as we are from each other, struggling with our own resources against empiricism and quackery which overwhelm us from every side, and without any efficient protection, we should ofttimes feel our courage fail, and our faith in the dignity of our profession be lost, did not a friendly voice, now called *L' Union Medicale*, come to us in the strife.

In this age, when we behold all classes of society forming themselves into associations for self-protection, we alone remain the slaves of that society, without having yet received from it adequate protection in return.

Remodelling the systems of registration, of examinations, of license, &c., are spoken of, and these are all so many subjects of vital importance as far as they are actual encumbrances to the profession; but, in my opinion, the question of charlatanism surpasses all the others in point of importance. The matter I conceive to be urgent, for this is an evil which is constantly making progress; and so far from encountering obstacles, it is, on the contrary, too frequently encouraged by the very ones whose duty should be to take an interest in its suppression.

. . . . All the members of the profession, no doubt, will respond to the appeal which you are making through the columns of your journal, and will render you, I hope, effective aid in securing the desirable end.

Dr. J. Leclair, of St. Lin, sent us the following communication.

"I have read your article on Charlatanism, with pleasure, and as I hold the same opinions on the subject, permit me to hazard a few observations.

"We constantly hear persons talking of, boasting of, and exalting the exploits of, a certain class of beings, who might, according to Berry Saint Vincent, be called 'Anthropomophites.' "On examining these individuals we perceive that they assume an important air, occasionally a rare politeness, and a great deal of good nature. "What will be invariably noticed among them is, that that *peculiarly agreeable* possesses something of the Monkey, the Ass, the Magpie, and the Fairy of the good old times.

"They appear to be largely furnished with the spirit of imitation and pliability, to have an empty head, an irrepressible loquacity, and a pretention to mystery and inviolable secrets. And we know that these defects and failings among men are looked upon as so many accomplishments, by a certain class, unhappily, so numerous and so varied, that we are justified in saying with the poet,

"De Paris au Japan, du Japan jusq' a Rome,
"Le plus sot animal, a mon avis, c'est l'homme.

"Somebody, moreover, has said, and I think it was Voltaire, that 'true talents fly away discouraged when ignorance takes their place,' and 'that quacks will never discover that the same remedy can cure to-day, and kill to-morrow in the same disease.'

"Although that man of genius was not a physician, he was, most assuredly, not a quack. "Furthermore, all authorities, all the faculties of medicine, and all men of understanding proclaim the same principle." And then to say, that in our age, some physicians so degrade themselves as to be put in a lower rank than these ignorant and shameless fellows! Is it not disgusting?

"Not long since an old physician of the north presented to the country physicians a balsam, possessing all the properties of healing, being carefully and scientifically prepared; but not, for example, approved or analyzed by competent authorities." "Unluckily for the celebrated inventor of that famous balsam, it obtained scarcely any sale, and did not acquire popularity; still, this did not hinder the old fellow from shrugging his shoulders whenever he saw a funeral passing by, as if he would say, no doubt, that if the dead person had partaken of his balsam, he would not now be seen carried to his grave.

Miracles would be performed and parts of the body torn piecemeal, would be stuck together again, by the *vulnerary* virtue of this precious remedy."

"Hence, as you have well said it, in your last number, charlatanism is an inconsistency, a nuisance, and an opprobrium in society.

"This detestable *public favourite*, should be abolished as soon as possible; and for this end, it is necessary that all our intelligent and devoted brethren of the profession should unite together.

"The inexperience of society in medical matters should be guarded by true medical science, and not by physicians that are proprietors of famous balsams, (and we may add, *or of Shoshonees, or Depew's Medical victory*, or *Victoria Wine bitters*,) nor by those who style themselves "root doctors," the handbill of one of which we had the humiliation and grief to observe in the great city of Montreal, in which are included, doubtless, a large number of the cream of society and many intelligent and accomplished physicians."

"One of the most effectual means of putting an end to this irregular practice, is the establishment of Medio-chirurgical Societies in every district of Lower Canada, similar to those in the cities," *(and let Ontario follow such example.)*

"By the influence resulting from association our object may, perhaps, be obtained; that is to say, we shall have conferred a great benefit on society and taken a long step in the way of progress. We should then be able to succeed, I hope, in destroying the unlawful and always pernicious sale of the thousands of pretended specifics, universal panaceas, elixirs of long life, &c.

"For us, indeed, the present state of things is not particularly injurious, but for society and for suffering humanity, it is worse than one of the seven plagues of Egypt.

Kingston, Oct. 30, 1873.

(To be continued.)

Correspondence.

(To the Editor of the Lancet.)

SIR,—Although you have assumed the impersonal "We," I cannot in my mind separate the Editor of the *Lancet* from he who so faithfully endeavored to inspire myself and fellow students with that love for the study of Anatomy which so fully possessed himself, and I therefore write familiarly as though addressing a personal friend.

Well, as you are aware, I fulfilled the conditions of our Medical Act in Ontario, and then visited the N. Y. hospitals to more fully fit myself for the practice of my profession; paid by post that *Strange* man in Hamilton $10, and then before I could get either my degree back, a certificate of registration, or even an acknowledgement of the money, had to visit the city from a distance, and remain 2 or 3 days, at an expense of $20 besides time. That, of course, is no new story, but merely for the sake of contrasting my difficulties in becoming a Member of our College, and the benefits I have derived from being so constituted. Having been armed with power to collect *reasonable* charges for my services, I settled in a village of 400 people. On an opposite corner lives a man who was at that time, and is now practising medicine in all its branches. This person is one of Her Majesty's Justices of the Peace, and is now, and has been for nearly 20 years, occupied nearly every week in acting as administrator of Her Majesty's laws, and yet possesses no qualifications as a medical practioner except what he received in the natural way at birth, and by rubbing against medical men.

He is well instructed, and in conversation will tell you that "There is no trouble in curing Pleurisy if you get at it before it (the Pleurisy) gets scattered through the system." His instructions to a patient with Varicose Veins of the leg were, "to bandage from the toes up, making the bandage loose about the toes and drawing it tighter as you go up the leg."

On one of the other corners lives another man practicing as a dentist, who in a flaming advertisement dubs himself Doctor some four or five times, and privately informs his patients "that he knows *all* about the Eye and Ear, which ordinary doctors (like myself,) do not."

In the same block with myself is now located a "CELEBRATED" Doctor, who advertises to cure many diseases which ordinary doctors (like my city *confreres*) sometimes confess their inability to cure. He warrants a cure. I believe he is a *brother* member of the College of Physicians and Surgeons.

Now, Mr. Editor, I have endeavored like my father before me, to build up a practice in the regular way by announcing myself by card as an M.D., and my willingness to attend upon those who might favor me with a call. Is it not astonishing that I have not died of inanition when you consider that when I came here there was already, besides the above, an established regular practitioner? I still live and find my business on the increase, and it

would be a great pleasure to me if some one would show me wherein I have profited by the act. I seem to have learned by my short experience that "free trade in physic" has done me no harm; but as a majority of my brethren say a law is required, I have nothing to do but submit. But when I am asked to submit to a new burden in the shape of a yearly tax, to be collected by civil process in the Division Court of Toronto, I think I might, under the circumstances, be allowed to enter a protest. To use classic language, the present law is "a grand fizzle;" for, fortunately, most medical men know better than to prosecute their neighbor, and thus give him the chance of securing the position of not only a person prosecuted, but persecuted, and that by an opponent in business. It would be simply ruin for me to prosecute the aforesaid magistrate. What do we (and when I say we, I mean the profession) care for money if we get the money's worth?

I agree with the LANCET that the gentlemen sitting in the Council should be paid for their time, and I contend that they are well paid, in more ways than one; and if they demand more money for the use of their brains, as well as their time, for Heaven's sake give it to them, and let them use their brains in perfecting amendments to the Medical Act.

Let us have a public prosecutor for each division, if we must have protection. Let him be the best lawyer in the division; pay him well for his work, and somewhat in proportion to the number of quacks he makes *quake*; and when he once accepts the office make him liable to punishment if he does not do his duty.

I protest against paying money for nothing, but do the work thoroughly and I would willingly pay a yearly fee of $20. If we must have legislation, give us something that will snuff out quackery totally, and there will be no trouble about the money.

Yours, &c.,

PRO BONO PUBLICO.

Queen's Bush, Ontario,
Nov. 6th, 1873.

(To the Editor of the Lancet.)

SIR,—In a late issue I noticed an article from Dr. Washington, complaining bitterly respecting my ungentlemanly conduct towards him as a "medical man," and also regarding an "inquest" held by me on the 24th of August. If Dr. Washington was as well known to all the readers of the LANCET as he is to me and the other members of the medical fraternity in this section of the country, I would be inclined to treat the article with silent contempt, as it merits, and I am confident that silence would be a sufficient refutation; but as all have not the honor of his acquaintance, I feel it a duty to defend myself against the false imputations contained in said article.

He complains that I used means unfair and unprofessional to injure him. This is not correct: but if I had, as he alleges, I assure him that he would only have himself to blame; for, certainly, he acted in every other capacity but that of a gentleman and professional man towards me, * * * and I resolved not to recognise him as a medical man until such time as he would make some reparation for his conduct towards me and the profession.

Respecting the "Child and Inquest." On Tuesday, the 19th of August, I was sent for to see this child. I found her suffering from a severe attack of inflammatory diarrhœa. I left the treatment and promised to call the next day; did so, and found an amendment for the better; left her further treatment, and mentioned to Mrs. Hammond that I did not think it necessary to call again unless the child got worse, and if so, I was to get word. On Thursday they sent again for me, but as I was not at home Dr. Washington was called in. The following day I called to see the child, not knowing that Dr. Washington had been there. I saw that the child's head was fearfully blistered, and asked Mrs. Hammond what this meant. She replied that as I was away from home they had to call in Dr. Washington, who was treating it for "water on the brain." I said no more, but left the room. I saw Mr. Hammond the same evening, and had a conversation with him about the child. He said that Dr. Washington blistered the child's head for water on the brain. I merely replied that it was monstrous treatment. Saturday morning the child died. Mathew Hammond, guardian of the child, came down to my drug store and informed my druggist of the death of the child, and said that he was dissatisfied and courted an investigation, and hoped that I would take it up and investigate the matter, and cautioned him to be

sure and inform me of the fact on my arrival home. It was not long after this information when I received notice from another respectable party, demanding an inquest and post mortem on the body of the child. The following is the notice I received :

"*To Dr. Taylor, Coroner:*

"As I have reason to suspect malpractice on the child of Mathew Hammond, I request a post mortem examination by you.

"Yours, &c.,

"JOSEPH DRINKWATER."

It was no business of mine what induced this Joseph Drinkwater to suspect unfair means towards the child. Dr. Washington expresses his belief that I was at the bottom of the whole affair; but I positively affirm that I knew nothing about Mr. Drinkwater's desires until he placed the document in my hands. With this information I concluded that I was obliged to hold an inquest, &c. I proceeded to the house of Mathew Hammond, a jury was summoned and sworn, but, through the solicitation of some of the friends, I consented to adjourn the case until the next even ing at six o'clock, to allow time for the father to get home. Mathew Hamond was still willing and anxious for the examination, and expressed a desire that I would procure Dr. Douglass, of Port Elgin, to assist Dr. Stirke.

Respecting those spicy and sensational items which the Dr. most lavishly intersperses his article with—such as "calling Mr. Hammond a liar," the "dining table and cover," "falling over Mr. Hammond's dead body," "cost of my own life," &c., they are unmitigated falsehoods. The jury entered the room and viewed the body. Mr. Hammond offered no opposition. Mrs. Hammond did not refuse her table, as all I wanted of it was to do a little writing; and neither did I call Mr. Hammond a liar. But Dr. Washington was not there at the time, for he says he met us leaving the house; so that his excited brain must have either dreamt or imagined it. I acceded to Mr. Hammond's request and notified Dr. Douglass to be in attendance. At the appointed time Drs. Douglass and Stirke, with the jury, assembled, but the doors were barred against our entrance. I demanded an entrance, but Mathew Hammond refused, as the father was not home yet. There were two ways by which I could have forced my authority, but I concluded that it might be as well not to use my official position in forcing the inquest, as I received a telegram from the father desiring that I would further postpone until the next day. Dr. Barnhart and C. McFayden, the lawyer, were brought out to persuade Mr. Hammond not to allow the examination to proceed, in case it might prove disastrous to Dr. Washington. But Mr. McFayden was also there for purposes of litigation. He wished to know my object in holding the inquest. I replied that it was to ascertain if "malpractice" had been committed. A few days after this, Dr. Washington caused a writ to be served on me for five thousand ($5,000) dollars, damages for the above expression. The case was tried at Walkerton a short time ago, and decided in my favour, throwing Dr. W. in for all the costs.

He took good care not to mention this in his article, as he desired to convey the impression that his "hands were clean." There is a considerable amount of amusement in connection with Dr. Washington's "diagnosis" of cerebro-spinal meningitis. The first that any person heard of this diagnosis was in the LANCET. He took great pains to prove to the Hammonds that it was "hydrocephalus," for he read from his book the symptoms of water on the brain to prove his diagnosis correct at this time. He also told Dr. Douglass that he thought it was congestion of the brain, and the cause of death was registered "brain disease." The truth is that Dr. Washington did not diagnose it cerebro-spinal meningitis, but it was the father of the child, who was in Boston at the time of its death, that informed Dr. Washington that he thought that it might be cerebro-spinal meningitis.

It was a genuine case of inflammatory diarrhœa, and I am confident that the Dr. made a mistake in mistaking the disturbance of the nervous system, so common in inflammatory diarrhœa, for active cerebral disorder. I was attending at the same time six other cases of the same disease, all of which had the same symptoms, and convulsions, as he describes; one was comatose and unconscious for two days, but with proper treatment they all recovered.

I have endeavored to give the true facts of the whole affair, and I am perfectly willing that the readers of the LANCET should be the arbiters.

I remain yours, &c.,

JAS. TAYLOR.

Tara, Oct. 23d, 1873.

TORONTO EYE AND EAR INFIRMARY.

To the Editor of the LANCET.

SIR,—My attention having been drawn to certain letters published in the LANCET for October, from Dr. Reeve, addressed to me and others, relating to the Toronto Eye and Ear Infirmary, I deem it to be my duty in reply, to say, it is a matter for sincere regret that, from any cause, the Charity should have been brought before the public so unpleasantly, more especially by a gentleman who has rendered to it such lengthened and valuable professional services.

Dr. Reeve has a number of grievances of which he complains, and which he evidently regards as traceable, either directly or indirectly, to Dr. Rosebrugh's unfriendly and unprofessional treatment.

While the Infirmary is not the ostensible object of attack, it connot fail to be seen, that anything which reflects on the conduct of the Chief Medical Officer of the Infirmary, must, if well founded, reflect on the character and management of the Infirmary itself; therefore, in vindication of both, it must be emphatically said, that at the Infirmary Board, at the Annual Meeting, and on all occasions, Dr. Rosebrugh's conduct towards Dr. Reeve has been generous and conciliatory, he being willing to yield position and privileges more favorable to Dr. Reeve's views and wishes than the Board thought it wise to concede.

In defining the relative status of the surgeons, the question with the Board of Directors was one of principle, not of individual preference; and accordingly the Board did not deem it to be conducive to the interests of the Infirmary, that the surgeons should hold co-ordinate responsibility.

When this matter was discussed, Dr. Rosebrugh leaned to views favorable to Dr. Reeve; but the Board decided that while such concessions might probably work well, so long as he and Dr. Reeve continued together in office, it would not be found to do so in the event of a change.

Whether the Board was right or wrong in this, is not now the question, and the reason for adverting to it, at present, is to take occasion to exonerate Dr. Rosebrugh from the stigma, which is sought, I venture to believe, through misapprehension, to be fastened on him.

All of the inuendos thrown out, as to the motives actuating Dr. Rosebrugh, are unworthy, as, while they leave him the onus of proving a negation, they afford an easy, though unenviable shelter of attack.

If pecuniary advantages accrue to Dr. Rosebrugh from his professional connection with the Infirmary, they are only such as are incidental to whoever, for the time being, might happen to be Chief Medical Officer of the institution, and should not therefore excite either the jealousy or envy of any one.

As to certain articles which have lately appeared in the newspapers, and which furnish the ostensible ground of complaint, it may be safely stated that Dr. Rosebrugh has no responsibility whatever for them.

The recently appointed Superintendent, in his earnest zeal on behalf of the Charity, was desirous of having its advantages brought before the public, and his former connection with the press offered him the opportunity, for which he and the editors are solely responsible.

In these articles there are expressions of personal eulogium, which no right-minded person would think of prompting in regard to himself, and nothing is risked in saying, that no one would have been more pleased than Dr. Rosebrugh, if they had not appeared.

Yours truly,
W. T. MASON,
Secretary.

Toronto, Nov. 21, 1873.

To the Editor of the LANCET.

SIR,—I have seen Mr. Mason's letter, addressed to the LANCET, with reference to the Medical Officers of the Eye and Ear Infirmary. I write these few lines, simply to corroborate Mr. Mason's statements, which I believe are the views of the Board of Directors. Dr. Rosebrugh, on all occasions, was both just and generous towards Dr. Reeve. And I would state further, that had it not been for the influence of Dr. Rosebrugh in behalf of his relative, Dr. Reeve would not have been appointed by the Board to any position higher than that of Assistant Surgeon.

Your Obt. Servt.,
A. T. McCORD,
Prest. Eye and Ear Inf'y.

Toronto, Nov. 25, 1873.

To the Editor of the LANCET.

SIR,—I have an extensive country practice in one of the rural districts of Ontario. Surgery was my forte, midwifery is my stay, and, alas ! I fear that I am drifting into the unknown realms of disease, and rather, I fear, with reference to its cure than its cause.

To prove that I am one above the common, it is necessary to state that I take, and have taken, for a blank number of years, "Braithwaite's half-yearly Retrospect." I have also had the honor to introduce to the notice of an admiring crowd of unfortunate patients, the varied virtues of chlora and bromide of potassium.

Of chloral, in my experience, the less said the better ; it is pretty showy, but electro-plate in the fullest sense of the word.

But bromide of potassium, what can I say too enthusiastically of thee ? dear "pot. brom." of my soul ! over and over again have I hugged thee to my bosom, seeing, in the first instance, that thy elder sister iodide is a coy creature in the commercial world ; and, in the second, you look so well, and your name alone betokens your philosophic descent. You dear "brom. pot." who were the thunderbolt hurled at the head of the country practitioner by the Metropolitan Jove, now are gradually degenerating into the rotten staff of the Braithwaite Practitioner. No matter what the disease may be, my frail fair one is ordered, with a certain triumphant air ; and after every course of therapeutical poisoning has failed, then we are nformed that brom. pot. has been tried.

And yet ! And yet ! ! we are being constantly humbugged with this, that and the other virtues of some new remedy, and we, unfortunately, because we can do no better, become empirics in our practice and toadies medico-socially.

I fear that I have transgressed the "usual amenities" of medical etiquette ; but there is an intellectual wail in the profession, throughout the world, that medical journals must assist, not by introducing new faces, but by brushing up memories of old friends, such as the Solar Plexus or the Cœliac Axis, is, rather than flaunting in our presence such brazen-faced hussies as the above-named therapeutical wretches.

Yours truly,

ALPHA.

Reports of Societies.

HAMILTON MEDICAL AND SURGICAL SOCIETY.

Paper read by A. MALLOCH, B.A., M.D., on the 5th Nov.

MR. CHAIRMAN AND GENTLEMEN,—Some time after my return from Great Britain it was suggested by one of your members that a report of what I had seen in the way of improvements in the practice of our profession, would not be uninteresting to you. As all my time was not devoted to "walking the Hospital" there seemed little to bring before your notice, but remembering the late dearth of papers I have compiled the following from my note book :

I will devote the greater portion of the time to a consideration of the Antiseptic System, but will touch on other subjects which will not, I hope, prove devoid of interest.

In Aberdeen my attention was directed to this instrument, the Microtome, with which exceedingly fine sections of specimens, either hard or soft, such as the brain, spinal cord, or the glandular tissues, can readily be made for microscopical examination. I may state, that the knack of cutting sections with the razor, which in trained hands, is superior to this—Valentine's knife—is most difficult of acquiring, and this difficulty is the great bug-bear to all beginners, and one that can only be overcome by constant practice. The Microtome consists, as you see, of a hollow cylinder with a moveable bottom, enclosed in a cell, into which a freezing mixture (usually powdered ice and salt) is placed, by the action of which, the specimen or specimens to be cut, are hardened. By means of the screw attached to the moveable bottom, the hardened specimen can be forced up, and thin sections of it cut with a razor. We are indebted to William Rutherford, M.D., Professor of Physiology, Kings College, London, for this exceedingly simple and efficient instrument. You will find a full description of it in the London *Lancet* of the 26th of July of this year.

Acu-pressure is still the common method of arresting hœmorrhage in the Aberdeen Infirmary, but I learned from an "eye witness" that, in not a few of the cases, secondary hœmorrhage occurs, and that primary union is not, as was at first claim-

ed for this method, the usual result. This practice has fallen into disuse in all Scotland, with the above exception, and nowhere in England is it generally employed; torsion and the ligature, either the silk or the antiseptic catgut one, have wholly superseded it.

In Edinburgh I devoted most of my time to Prof. Lister's wards, and was more and more impressed with the good results that can be obtained from his system—the antiseptic system of treating wounds and abscesses. The system is still the same, but, in its application, changes, as was to be expected, have been made within the past five years. Some of you will remember that three years ago I reported some cases treated in this way, and entered fully into the method of its application, and now, before enumerating the changes, let me, as shortly as possible, state what chiefly, I think, led Prof. Lister to the idea of this method of treatment, believing that by so doing, the system will be the better understood and appreciated by you.

During the first 24 to 36 hours, after the infliction of a large wound, or after a compound fracture, there is a discharge of bloody serum, which, in all cases, is found to be stinking at the first dressing, and also irritating as the frequent occurrence of little pustules on the parts about subsequently, or in the fingers of the dressers, sufficiently testify. This flow of serum is a physiological sequence to the receipt of an injury. Tension ensues because the blood in the adjoining tissues, becomes stagnant from the newly acquired adhesiveness of the blood corpuscles, and the fluid portion of the blood, is forced through the walls of the vessels, and occurs whether or not the wounded tissues are exposed to the air, or protected by the unbroken skin. The swelling, after a simple fracture, is due to this, as has been shown again and again by actual dissection, but, provided the parts are kept at rest, unattended by local inflammation, whereas, after a compound fracture, there is local inflammation and the system generally, becomes affected.

Prof. Lister, not resting satisfied with the stereotyped saying that this difference is due to the presence of air, was led to believe that the serum, which in the simple fracture was quite bland and unirritating, was rendered by *putrefaction* irritating, and that from its action local inflammation flowed, especially if the fluid was pent up, and, as a consequence, general fever.

Prof. Lister, believing (and with the subject brought before you in this way, was it unnatural?) that *putrefaction* is the cause of all the evil, and also believing with Pasteur in the presence of *germs* in the air which give rise to decomposition in other fluids, determined, if possible, to prevent *decomposition*, and chose from many antiseptics, carbolic acid as the weapon. The theory thus formed has been tried in practice and has not been found wanting, as the published cases of Prof. Lister and others prove.

It is pretty generally believed that the antiseptic system is to prevent the occurrence of suppuration, but this, as you see from the above, is not the primary object, which is the prevention of decomposition and the irritating compounds produced in the discharges by it. That the prevention of suppuration in addition to the prevention of decomposition has been noticed by Prof. Lister, cannot be denied, but never has the prevention of suppuration been made the primary and important object. Before the introduction of this system, Prof. Lister taught in his lectures at the University of Glasgow that granulations do not naturally secrete pus—that if freed from irritation, cicatrization proceeds without its presence. He was led to this belief from the close observance of the following facts, viz.: that by the process of scabbing, granulations perfectly sealed up, cease to form pus; that two healthy granulating surfaces, if brought into contact, unite, which would be impossible if the granulations continued to secrete pus; and, lastly, that underneath the thin pellicle of newly-formed epidermis, the tissues below which in structure resemble the uncovered granulations, do not secrete pus.

Prof. Lister, believing then that granulations do not secrete pus if unirritated, and believing that *decomposition* is the most common *cause of irritation* put his theory to the test in the treatment of abscesses—the pyogenic membrane being formed of granulations—and proved by case after case that after evacuation, if decomposition is prevented, the formation of pus ceases.

Prof. Lister never claimed that decomposition is the only cause of suppuration, but stated that as decomposition is present in all wounds treated in the ordinary way, it is the most common irritant.

He has shown that the irritant carbolic acid, if applied sufficiently strong to granulations, will cause them to suppurate, and that without the presence of decomposition. The presence of *suppuration without decomposition* in a case treated antiseptically proves that the wound has been unduly stimulated by the antiseptic, and not that the treatment has failed. In carrying out the antiseptic system, therefore, it is necessary first of all to prevent *decomposition*, and then to exclude the antiseptic from the wound.

You will remember that on the last occasion of my bringing this subject before you I entered fully into the method of its application in the treatment of abscesses, and now let me detail to you a case, not of abscess, but one of greater interest, treated by a similar method :—

July 17th, 1870.—Was asked to see D— M—, a physician of this city, who, ten days before, had received, from a fall, a severe bruise of the left thigh, and found him suffering from a fluctuating superficial tumour on its outer and posterior aspect, extending from the trochanter major, where it measures five inches across, to within three inches of the flexure of the knee. At the time of the accident the skin had been broken and a superficial ulcer, which was not connected with the fluid beneath, was found over the middle of the tumour. A piece of lint, dipped in 1 to 4 carbolic acid and linseed oil, about 6 inches square, called the *guard*, was placed on the skin over the tumour, and its lower edge having been raised an incision was made into the tumour with a knife which had been dipped in the same oily solution. The raised edge of the *guard* was then dropped and the discharge allowed to flow out beneath it. Sixteen ounces of bloody serum with clots were obtained. Under cover of the *guard* a plug of lint, soaked in the same oily solution, was introduced into the wound to prevent union of its edges, and the *guard* removed, and a piece of *shell-lac plaster* as large as the *guard* substituted, which was kept in position by strips of adhesive plaster, by a pad and bandage. Perfect rest ordered.

18th.—No pain. The *lac plaster* was removed and a *guard* similar to that of yesterday applied, and under cover of this the plug was removed. Fluctuation was felt over the region of the trochanter, and by firm pressure ʒss. of odourless bloody serum was forced from the wound. Between the knee and the wound the tissues are solid. Dressings as before applied.

To avoid repetition, I may say that similar precautions were adopted each time in changing and applying the dressings.

19th A little serous discharge was found on dressing ; none obtained by pressure.

20th. Fluctuation was found immediately above the wound, and ʒi of odourless bloody serum was pressed out, and in the evening ʒss of a similar discharge was evacuated.

Patient had been walking and had gone out of the house to see his patients.

21st. No uneasiness or pain. ʒss of bloody serum pressed from wound.

22nd. Complains to-day of pain near trochanter major, but this apparently has no connection with the first trouble as the parts are solid. Only a few drops of serum came from the wound. But fomentations recommended to the trochanter.

24th. Still uneasiness about trochanter with a good deal of swelling. Little or no discharge from the wound.

26th. As there was a suspicion of deep seated pus near the trochanter, I plunged a bistoury into the part (antiseptically) but only blood was obtained.

28th. As the wound made at first is superficial, water dressings recommended.

The cure proceeded to a favourable termination. At no time was there a drop of pus obtained, although the parts were severely tried by exercise. I cannot account for the pain and swelling about the trochanter, but feel certain that it was not connected with the sac that had been opened.

The *guard* described above is now replaced by the spray of 1 to 100 carbolic acid and water, made by modification of Richardson's spray apparatus under which an abscess is opened ; and the *lac plaster* by this *antiseptic gauze* made by imbuing ordinary gauze with a mixture composed of 1 part carbolic acid, 5 parts of resin, and 7 parts of paraffin. The *spray guard* is much cleaner, less troublesome, and permits of the parts being seen ; the *gauze* with the slight addition noted below is as reliable as the lac plaster, and less irritating to a tender skin. The *gauze* is applied 7 or 8 folds in thickness and large enough to overlap the wound by several inches on all sides. At first the gauze was used alone, but with an

abundant discharge, it is apt to be soaked through at one point only when its antiseptic qualities would soon be lost. So it was found necessary to interpose between the outermost layers, a piece of oiled silk, nearly the size of the folded gauze, to turn the discharge and make it permeate the whole of the antiseptic covering. The *gauze dressing* consists, therefore, of from 7 to 8 folds with a piece of oiled silk between the outer ones.

The abscess in the following case was opened under the spray guard, and lac plaster was used as I was then without the gauze.

July 5th, 1873, Mrs. B.,—æt. 20. Confined in Woodstock six weeks ago. An abscess which had been forming for some time is found in the upper portion of the left mammary gland. With the spray guard playing on that part I opened the abscess, and gave exit to a quantity of pus ; introduced a plug of lint wet with the watery solution, and covered the breast with the lac plaster which was retained in position by a pad and bandage.

6th. With the spray playing on the part, removed the lac and plug of lint, and gave exit to a quantity of serum, with a flake or two of purulent matter in it, free from odour. Dressed as before. Dressings to be left for 2 days.

8th. With like precautions squeezed out about 3i of clear serum. There is still a hard lump but it is not painful on pressure.

From dressing to dressing—every 2d. or 3d. day—only a few drops of serum was obtained, and by the 17th the wound was superficial. There was no further trouble. After the 2d. day the lac plaster was so much diminished in size that the mammilla was left uncovered and to this the baby was applied five or six days after the evacuation of the abscess.

Compound fractures are treated in the following manner :—At the first dressing the wound and its recesses are thoroughly injected with 1 to 20 aqueous solution of carbolic acid (the cause of decomposition having entered with the air) and then covered with the *gauze dressing* ; on the 2d. day the gauze is removed while the spray guard is playing on the part and fresh *gauze dressing* applied with the addition of what is called the *protective.* This *protective* consists of oiled silk coated with a mixture of 1 part dextrin, 2 of powdered starch, and 16 parts of 1 to 20 aq. solution of carbolic acid, and is placed directly over the wound and of sufficient size merely to cover it, to prevent the carbolic acid in the gauze from irritating the wound. (You will remember that after preventing decomposition the antiseptic must be extracted from the wound.) The protective when moistened in the spray becomes slightly adhesive and adheres without any trouble to the part. (It may be as well to mention here that many surgeons have used carbolic acid much more freely, than Prof. Lister, as an application to wounds, but with far different results. Prof. Lister wishes to *prevent decomposition* and where the germs have or can have entered, he applies the acid freely, but once this source of irritation has been prevented, he excludes the acid from the wound as much as is compatible with the prevention of decomposition. Other surgeons expected to find a charm in carbolic acid which would drive away putrefaction, prevent suppuration and heal the wound, and in this faith applied it freely. Prof. Lister says, " of all those who use antiseptics I suspect that I apply them least to the surface of the wound.)

After the second or third dressing, the discharge, if decomposition has been prevented, is so little that the dressings can be left unchanged for from three to four days. It is not unusual in Prof. Lister's experience to dress a compound fracture for the 2d. time on the 2d. day, for the 3d. time on the 4th day, and for the 4th time on the 8th day ; in a case published in the *Lancet* of the 14th of February, 1870, the compound fracture was only dressed 9 times in the course of 5 weeks. It is often said that general practitioners cannot devote sufficient time to their cases to treat them antiseptically, but not one of you probably ever treated or saw a case of compound fracture treated over 4 weeks with so few dressings. I need not direct your attention to the comparative rest to the parts which this mode of dressing gives. During the short time I remained in Edinburgh, I saw two cases of compound fracture treated in this way, and the results as to the prevention of local inflammation and general fever were as striking as an admirer of this system could wish for ; and also two cases of ununited fracture treated antiseptically—one of the humerus, and one of the olecranon process. The first of these latter cases had been operated on three weeks before my arrival ; the wound was then superficial and the piece of silver wire which held the bones

together was as white and clean as when it had been applied; the patient had not suffered in the least. The case of the olecranon was dressed on the 8th day for the 4th time, when the wound was found to be superficial—the previous dressing had been on the 5th day; there had been no constitutional disturbance.

There are the antiseptic catgut ligatures—the thicker for tying vessels in their continuity, and the thinner for securing the cut-ends of vessels—which are now commonly used; when they are employed the ends are cut off close by the knot. The fine ones are also employed as stitches. They are prepared by steepping catgut in five parts of any fixed oil such as olive or linseed oil, and one part of crystallized carbolic acid rendered fluid by the addition of five per cent of water.

With this ligature is applied antiseptically to a vessel in its continuity, the portion of the vessel included in the knot does not dissolve away—the vessel is never divided as by the ordinary treatment—and the ligature itself becomes organized. These are facts that have been proved on lower animals, and in one case, on man. With this treatment this additional security is given against secondary hemorrage, that the parts cut heal at once, as they are not irritated by the presence of decomposition on the ends of the ligature, and a firm support is given to the weakened vessel. A sufficient number of cases are now on record to prove the advantages of this treatment. The security thus gained permits of portions of vessels called forbidders, such as the portion of the femoral between Poupart's ligament and the profunda artery of being ligatured in their continuity.

The finer ligature will recommend itself when you learn that if employed as a stitch in a case treated antiseptically or not, it does not require to be cut out, (with wire sutures this, in some hands, would be a painful procedure) as the portion within the tissues separates and the dried outer portion in the course of from 5 to 6 days can be removed with the finger nail.

In the antiseptic treatment of ulcers and of wounds from which the discharge is likely to be small in amount, Prof. Lister now uses boracic acid which is not volatile, and, therefore, more easily excluded from the surface of the wound. This want of volatility, which renders it so useful in slight cases precludes its use in cases when it would be dangerous to allow of decomposition.

The forms employed are a saturated solution of boracic acid in water and boracic lint, made by steeping ordinary lint in a boiling saturated solution of this acid in water. The meshes of the boracic lint are filled with the crystals, but there is no grittiness as the crystals are very soft. The surface of the ulcer is first well washed with 1 to 40 aq. solution of carbolic acid, to correct the decomposition that is present, and then covered with the *protective*; an over-lapping piece of boracic lint is then applied, which is retained in position by a bandage. In changing the dressings the boracic acid watery spray is employed, or the dressings are removed and the ulcer at once covered with a piece of lint moistened with a weak boracic acid solution. Ulcers or wounds treated in this way can be left without fresh dressing for from 3 to 5 days, and as there is freedom from the irritation of decomposition, cicatrization proceeds rapidly.

Whatever may be said against the antiseptic system, (and it has found many opponents), I think that the fact—it is a fact, and a published one, too—that since its introduction Prof. Lister has only met two cases of Pyæmia (in these decomposition had occurred) and only one case of erysipelas arising in the wards, and only one or two cases of mild hospital gangrene, in wards where these scourges had formerly been almost continuous visitors, should recommend it to all surgeons.

In Edinburgh I saw conical bougies used for stricture of the urethra. The end of the bougie is probe-pointed, and smaller than the blade or staff at the turn by three of the ordinary sizes of bougeis. For example, a conical bougie, marked 2-5, has the probe point of a size of an ordinary No. 2 bougie, and the staff at the turn, of a diameter equal to that of a No. 5 bougie. The next larger in size is marked 3-6, and so on. With these, very rapid dilatation without rupture can be effected, and the great advantage of having a comparatively firm staff with the smaller sizes is given.

My attention was directed to a method by which either extremity can be rendered almost bloodless, so that an operation can be performed on what appears to be a dead limb. The main artery is first firmly compressed with the fingers, and the venous blood is then forced towards the heart by raising the limb and by friction when the tourni-

quet is applied and tightly screwed. It is a much simpler method than that of Prof. Esmarch, which has just been noticed in the *Lancet* of October, and is just as efficacious.

And now I must speak of Prof. Lister's new method of treating varicose veins.

The veins are first rendered turgid by slightly compressing the limb by a tourniquet, and when this is accomplished the arterial stream is stopped by a few turns of the tourniquet screw and the following operation proceeded with: The point of a hypodermic syringe graduated to ½ minims, or what is better, with the piston provided with a button, one turn of which permits of the flow of the required amount, is thrust into a vein; the vein and the needle must move as one, and ½ minim of fluid carbolic acid is forced into the vein, and on its withdrawal the wound is closed by the finger of an assistant: after puncturing and similarly treating the veins in several places, the wounds are closed with collodion, and the patient removed to bed. The tourniquet must not be removed for 10 minutes, else there would be danger of the partially formed clots entering the circulation, not to mention the acid itself. Prof. Lister had operated on from 15 to 20 cases successfully, and is quite certain that with the above precautions, the operation is quite a safe one. In the case I witnessed, 7 or 8 openings were made into the veins of the calf of the leg; on the 2nd and 3rd day there was slight local inflammation which passed away by the 6th.

In the treatment of contracted cicatrices it has been laid down as a rule that they should never be touched with the knife, for the contraction of the cicatrix soon limits the amount of motion gained by the operation, and ultimately restores the parts to their former positions. Prof. Lister found that if cicatrization at the angles of the wound be prevented, which he accomplishes by the pressure of an india rubber band, but allowed to proceed over the rest of the wound, until only the tract of the band remains to be healed, which is then permitted, contraction is very much if not altogether prevented. This method is much improved by the use of the antiseptic treatment; for by the prevention of decomposition, and consequently of local inflammation, an amount of passive motion is allowed from the first which could not otherwise be borne. For further details of this method, and for a reported case, I refer you to the Edinburgh *Medical Journal* for August, 1871.

Remembering that occasionally we have cases of Canadian cholera presenting symptoms which call for transfusion as the only remedy likely to prove at all useful, and remembering that Dr. Hodder had in two or three cases transfused milk successfully, I procured this instrument—Aveling's Transfusion Apparatus—which does equally well for mediate as for immediate transfusion. It consists, as you see, of two elastic tubes, opening directly opposite each other into an elastic ball, and of two nozzles, one round for the giving or efferent-vein, and the other flattened for the receiving or afferent vein, which is generally collapsed. In immediate transfusion the round nozzle is placed in the vein, with the point directed towards the fingers, and the flat one filled with water, which is kept full by covering the larger opening with the thumb, in the receiving vein; the elastic portion of the apparatus is then filled with warm water and adjusted to the nozzles, when the cocks that close the ends of the tubes are opened. By compressing with one hand the efferent tube, and the elastic ball with the other, ʒij. of water are forced into the vein: the hand compressing the tube is then changed to the efferent side, and blood flows into the ball, which is forced by repeating the first movements with the receiving vein. The amount of blood transfused can be readily computed by counting the number of times the ball has been emptied. In mediate transfusion the tubing and nozzles are filled with the fluid to be injected, and with the afferent nozzle in the vein and the efferent in the fluid the operation as before is proceeded with. I have tried your patience sufficiently, and will not touch on what I saw in Glasgow, London, and Paris.

Selected Articles.

MEDICAL ELECTRICITY.

A correspondent in the Boston *Med. and Surg. Journal* writes as follows: With your permission I desire to say a few words by way of reply to a communication on the subject of medical electricity by your correspondent Rusticus, who seems equally anxious to get information himself and impart it to others. Electricity is a science of vast depth and

intricacy, and, more especially, that part of it which belongs to animal structures; in proof of which I will mention that even Carpenter, accustomed to those profound researches we admire in his Physiology, confesses himself unable to follow Du Bois-Reymond to the full extent of those investigations he has made on this subject. Difficult, indeed, would be the practice of medical electricity, and confined to the hands of very few, if one had to go to the very bottom of inquiries like these, and might not venture, for example, to send a current from his battery through a nerve until he had first considered how this artificial influence would affect certain numberless electrical circles moving spontaneously within the infinitesimal molecules of the part itself, each pair of which becomes peripolar or depolar, as the nerve is in a state of action or at rest. I question, indeed, whether even those who amuse themselves with such minute speculations, bring them into actual practice, or are not rather guided by those external symptoms, and that ordinary experience, equally within the reach of my friend Rusticus and the great multitude of other practitioners.

Haud inexpertus loquor. When, some years since, my attention was first directed to electricity as a means of curing disease, the instruments themselves, I confess, presented a difficulty at the very outset; they were new to me, and, as a matter of consequence, not understood. I then had recourse to books, which began with abstract, half metaphysical discussion, extended far into the volume before any practical matter was approached. This mass of introductory matter I do not, by any means, mean to say was useless; I would only assert that it was too much labored and remote for a beginner, and that all the essential points are comparatively simple, and such as may be mastered without any unusual share of difficulty. Since this time, many good works on the subject have been written, as those of Althaus, Reynolds, Tibbits, Hamilton, Meyer, etc., and many admirable machines constructed, as those of Remak, Fromhold, Meyer, and the Galvano-Faradic Manufacturing Co. of New York; the latter are those I now use, as being at once simple and efficacious.

While making these remarks, I am not at all to be understood as if desirous of defending those intinerant and other electricians whom Rusticus so justly decries; on the contrary, such ignorant pretenders deserve no countenance, and, as in the instance of the lady with her "primary" and "secondary" who brought on hemiplegia, should be prosecuted and punished by law. All I would advance, is, that the practice of electricity is open to every physician; that the success with which he uses it will depend mainly on his knowledge of disease, and that there is no secret in this, any more than in any other department of medical science. While I would caution the public against the quack, local, itinerant, male and female, I would also remind the physician of his own ability, and encourage him to make use of electricity himself, if for no other motive than to take it out of the hands of the uneducated. It would, indeed, be a strange thing to see the country overrun with imposters who carry a "box" filled with mischief, like that of Pandora, while a medical man is obliged to look on, or send his patient to a specialist in Boston, New York, or elsewhere.

But I fear, gentlemen, that I have taken up too much of your valuable space, and must conclude somewhat abruptly by advising Rusticus, and others who desire to secure to their patients the benefits of electricity, to procure some such instructive books and some such effective instruments as those above spoken of, when, in a short time, with a little study and a little practice, they may thrust out the empiric, vindicate their own claims, and not trouble the specialist.

OZONE—NEW DISCOVERIES.

The ghost of Schonbein has been caged at last. For a score of years this mysterious agent, half material and half spiritual, perplexed the adepts in chemistry, and evoked theory after theory in the vain endeavour to arrest it and subject it to law. All that its discoverer accomplished was to demonstrate a shadowy existence for it, and to devise some chemical tests of its presence. In the *London Lancet*, for August, is an editorial article, giving a short sketch of its history. and explaining the mode in which Professor Odling and Sir Benjamin Brodie, among others, recently succeeded in bringing it among the tangible substances in chemistry. It appears that Schonbein's investigations were entirely qualitative, and that he never attempted weighing and measuring. By passing electricity through pure, dry oxygen, there is a contraction of volume, amounting as a maximum to one-twelfth of the original measure. That the residual gas possesses certain peculiar oxidizing properties, different from pure oxygen, and that it has a peculiar odor, was everything that could be said of it. Chemists had to content themselves by guessing that it was an allotropic form of oxygen. Its name—ozone—simply indicated that it had a smell—nothing more. But the quantitative experiment, just mentioned, furnished the key to more definite results. When the oxygen thus ozonized by electricity was heated, the gas was restored to its original volume, and again became pure oxygen.

Now, the problem was to extract the ozone from the ozonized oxygen, and thus determine its volume. Advantage was taken of the affinity of the ozone for mercury, and by shaking the gas and the metal together, the latter was oxidized by

abstracting the ozone, and pure oxygen was left as the residue. But the surprising feature of the process was that there was no diminution of volume in the gas by the abstraction of ozone. The mysterious agent had occupied no space. The same result precisely attended the use of iodide of potassium and other agents capable of being oxidized by ozone.

"It was at this embarrassing stage of the investigation that Professor Odling came forward with what has since proved to be the true explanation of the apparent absurdity—the true theory of ozone. He pointed out that these experiments could only be explained by assuming that ozone was a more condensed form of oxygen, and that when mercury or iodide of potassium was oxidized by it, those substances really removed only a portion of oxygen—that portion, in fact, which had previously been condensed. He suggested that, whereas ordinary oxygen contained two atoms in each molecule, ozone might contain three in a molecule of equal volume. Hence, the formula for ozone should be that which is now universally assigned to it—namely, O_3. When mercury is oxidized it takes up only one atom of oxygen, leaving O_2, which has the same volume as O_3.

"If this ingenious theory be correct, it is obvious that ozone should be half as heavy again as oxygen—should have, in fact, a specific gravity of 24, as compared with hydrogen. The verification was not long in coming. Soret, in 1865, lighted on a substance—oil of turpentine—which had the property of absorbing, not one atom, but the *whole molecule* of ozone. Following the imaginary illustration used before, he found that, if the 92 volumes of ozonized oxygen were treated with oil of turpentine instead of mercury, the volume was reduced to 76, showing that 8 volumes of oxygen which had disappeared during the formation of the ozone must have combined with 16 more volumes of oxygen to form 16 volumes of ozone, and that ozone was therefore really half as heavy again as oxygen. Soret also determined the density of ozone by a method of diffusion, with substantially the same result."

Following up the enquiry, Sir Benjamin Brodie, after several years of labor and study, has confirmed the foregoing theory. He discovered that chloride of tin and hyposulphite of soda, as well as oil of turpentine were capable of absorbing the whole of the ozone and the results all agreed in giving for ozone a density of 24. It is surmised that not only will there be discovered some ready applications of the agent to practical purposes, but that it will open the door to new views on the subject of chemical constitution.—*Pacific Med. & Sur. Jour.*

CROTON-CHLORAL HYDRAT.

The profession and the public are chiefly indebted to Dr. Oscar Liebreich for the introduction of chloral hydrate; and this obligation is further increased by the addition of croton-chloral hydrat, which will doubtless prove an equally valuable therapeutic agent. It is of the greatest service in cases of nerve-pain. Every sufferer from neuralgia is anxious to obtain speedy relief from pain; this may be obtained by taking croton-chloral hydrat, and then the antecedent causes of the neuralgia may afterwards be enquired into and treated accordingly. The following cases are interesting, as showing the immediate relief from pain that this drug affords.

A. suffered from facial neuralgia of a most severe character; it affected her hearing and eyesight. She could not rest or take food. She took one grain of croton.chloral hydrat every hour. In three hours, she was considerably better. After taking three more doses, she was entirely free from pain.

B. suffered much from facial neuralgia dependent on decayed teeth, and had not been able to take food or sleep for three days. She was ordered croton-chloral hydrat in grain-doses every hour, and obtained great relief after two doses. Six doses removed the pain completely. She slept that night.

C. This patient suffered from concussion of the spine caused by a railway accident some years ago. She has had every variety of treatment for the pain she suffers in the spine and the nerves proceeding therefrom. She took potassium bromide gr. 20, and croton-chloral hydrat gr. 1, three times a day, with marked relief and no bad symptoms.

E. This is a young dyspeptic and neuralgic patient, and suffers greatly from dysmenorrhœa. She took two-grain doses when the paroxysms of pain came on, with marked relief.

F. has been under treatment for various neuralgiæ for some years. She has had, at one time or another, almost every external and internal therapeutic agent in the *Pharmacopœia*—strychnia, iron, quinine, ammonium, chloride, aconite, belladonna, iodine, bromine, blisters, hypodermic injections, galvanism, together with baths and other hygienic appliances, including change of air. In this case, two grain-doses of croton-chloral hydrat every hour afforded more speedy relief from pain than any of the above remedies. After taking eight grains, she was almost free from pain.

In thirteen patients who have taken croton-chloral hydrat, not a single bad symptom has been observed. In grain-doses, it relieves pain quickly; causes natural sleep; no subsequent headache or furred tongue. In several cases, it acted as a gentle laxative.—Dr. Baker, in *Brit. Med. Journal.*

[In an article on this subject in the *London*

Lancet, the above remedy was given in dose of 5, 10 and 20 grs., dissolved in water, with similar results.]—Ed.

LIME-BATHS IN MEMBRANOUS CROUP.

In the *Chicago Medical Examiner*, Dr. John Bartlett lately commended the following method of using lime-baths in membranous croup :—

"Having formed a small enclosure by covering a clothes-horse with sheets, or by taking advantage of a favourable relation of a door to the corner of a room, so as with bed-clothes to close in a suitable space, the preparations proceed as follows: To one side of the tent, on a piece of old carpet, is placed a small tub; in it is put a common wooden bucket, one-quarter filled with boiling water; at hand is a supply of unslacked lime, and a kettle of boiling water. The nurse and child, or the child alone, if of such an age as to remain without an attendant, take possession towards the middle of the enclosure, the face of the patient being turned from the tub; by raising the sheet several pieces of lime as large as the fist are placed in the bucket; after a few minutes the evolution of the vapour begins. The physician, through that fold of sheeting forming the door of the tent frequently takes a view of the steam within, estimating its density by the sight, taste, and smell. It is impossible to indicate the proper degree of this density. I should say it should be somewhat less than that of the cloud of steam escaping from the exhaust-pipe of a steam-engine. The smell and taste of lime should not be too pronounced. The nurse should be instructed to give notice if the steam or heat oppress her, so as to produce a feeling of faintness, sense of suffocation, or irritation of the air-passages. Should the vapour be deemed too dense, its intensity may be diminished by opening the flap of the enclosure, or, if need be, by withdrawing the bucket. The pulse of the patient should be noticed from time to time, in view of possibility of exhaustion supervening, an event said to have occurred in the practice of some physicians. More lime and hot water may be placed in the bucket as required. The tub is intended to receive any overflow from the bucket, which, in prolonged cases, will be required to be emptied."

He further says, "The *modus operandi* of the agent is uncertain; of course, the simplest theory is that it dissolves the false membrane. Some, as Drs. Meigs and Pepper, refer all benefits from its use to the heated steam evolved. Dr. J. L. Smith suggests that the lime-bath may be an improvement on the steam-bath in this, that in the latter, on account of the necessity of keeping the room closed, the air soon becomes charged with exhaled carbonic acid, whereas in the former case the expired acid is speedily destroyed by the vaporised lime. May it be possible correctly to extend this idea of Dr. Smith's? Thus, the dyspnœa is in great part the result of the inability of the respiratory organs to relieve the blood of its carbonic acid. By using air, as in the lime-bath, charged with a chemical having a remarkable affinity for this acid, may it not be that the pulmonary interchange of gases is advantageously supplemented?

"I have knowledge of four cases of membranous croup treated by lime; of these two were speedily relieved. In a third, recovery ensued, though the lime-baths were abandoned for the potash treatment, when the child, though very near death, was thought to be a little better. In the fourth case, the disease had existed one week before medical treatment was sought; an indifferent article of lime was inefficiently used for a time; death resulted. In the last two cases relief was afforded by the baths; and although they were finally abandoned in one case, and imperfectly used and neglected in the other, there was, in both instances, no reason to question the curative power of the agent. In none of these cases was the lime used to the exclusion of other remedies. So far as observed, however, improvement was in no wise referable to the medication.

"This mode of treatment is useful in those cases in which the attendant is uncertain of his diagnosis; in which, while he believes he has to do with a case of simple laryngitis, he fears membranous croup. In such instances the lime-bath relieves the distress of the patient, and tends to quiet the anxiety of the practitioner, seeing that he is treating the apprehended disease with no danger of injury to his patient from the *nimia cura medici*."

EDIBLE AND POISONOUS MUSHROOMS.

Some useful advice on the subject of mushrooms, says the *Pall Mall Gazette*, was lately given by Mr. Justice Denman in the Central Criminal Court on the occasion of the grand jury throwing out a bill of indictment against a gardener who was charged with murdering a fellow-servant by giving her poisonous mushrooms to eat. Although there was no reason to suppose that the prisoner had any felonious intention in giving the deceased the mushrooms, yet three presons were dangerously poisoned by them, and one of them actually died; the fungi being so much like mushrooms that even a skilled witness saw nothing in them to distinguish them from those articles of food. Mr. Justice Denman thought it was desirable that these facts should be thoroughly well published and known. It appeared that mushrooms growing under trees were dangerous. That being so, added the judge, "let everybody beware of eating mushrooms which grow under trees." So many persons have from time

to time come to an untimely end through eating poisonous fungi bearing a close resemblance to mushrooms, that perhaps the most prudent course would be for those who are unwilling to risk their lives to abstain from eating mushrooms altogether. In the meantime, however, as there are many people who infinitely prefer the chance of a painful death to the certain auguish of denying themselves any luxury on which they set their hearts, it may perhaps be as well to call attention to the following tabulation by Professor Bentley of the general characters by which the edible and poisonous species of fungi may, as a rule (but not an unerring one), be distinguished. Edible mushroons : 1. Grow solitary, in dry airy places ; 2. Are generally white or brownish ; 3. Have a compact brittle flesh ; 4. Do not change colour, when cut, by the action of the air ; 5. Juice watery ; 6. Odour agreeable ; 7. Taste not bitter, acrid, salt or astringment. Poisonous mushroons : 1. Grow in clusters, in woods and dark and damp places ; 2. Usually with bright colours ; 3. Flesh tough, soft, and watery ; 4. Acquire a brown, green, or blue tint when cut and exposed to the air ; 5. Juice often milky ; 6. Odour commonly powerful and disagreeable ; 7. Have an acrid, astringent, acid, salt or bitter taste. It is best to avoid all fungi which have arrived at their full development or show any signs of change ; and by soaking doubtful fungi cut in slices for about an hour in vinegar and afterwards washing them in boiling water, they may, it is stated, be rendered harmless.—*British Med. Journal.*

INTEMPERANCE AND LIFE INSURANCE.

Life Insurance has become so much a matter of course, and so many wives and families have learned to think that if the husband and father should be taken suddenly away, the amount of his life insurance will serve to keep the family together and a roof over their heads, the most people will be startled to learn that intemperance on the part of the insured may vitiate the insurance policy and leave his needy family destitute.

A case involving this question has recently been tried in one of the courts of Cincinnatti. The administrator of one F. M. D., deceased, sued the Mutual Benefit Life Insurance Company to recover $5,000 under his policy of insurance.

The company resisted the payment on the ground that D. had died in consequence of intemperate habits ; and they set up the following declaration made by the deceased in applying for insurance : "I do not, nor will I practice any bad or vicious habit that tends to shorten life," This they contend was an untrue declaration. In regard to this clause which was made a part of the policy, the court charged the jury that it was a warranty, and unless it was literally true, and continued to be so, the plaintiff was not entitled to recover.

The terms of the warranty were that the applicant 'did not and would not practice any bad or vicious habit that tended to the shortening of life.' The jury would therefore consider whether or not, at the time of the application, or afterward, the deceased indulged to an extent amounting to a habit in the use of intoxicating liquors, and, if so, whether this was a bad or vicious habit which tended to the shortening of life. In defining the meaning of the word habit the court instructed that the frequent drinking of spirits leads to habits of intemperance, and that if they found from the evidence that the deceased at the time of the application was made, or subsequently, had an appetite for intoxicating drink to such an extent that a single indulgence necessarily incited him to a repetition of it, and led him into sprees, and these sprees were frequent and rendered him incapable of controlling his appetite while they continued, then, although there were intervals in which he remained sober, there was such a repetition of acts of drinking that it amounted to a habit, and if this was a bad or vicious habit which tended to the shortening of life, the defendant would be entitled to a verdict. Other points relating to the habits of the deceased were reviewed by the court, the principle being maintained, that if the person insured had misrepresented his mode of life, or had indulged in intemperate habits, his policy was invalidated. The jury gave a verdict for the insurance company.

This decision, with several others recently made, goes to show that a policy of insurance, as these policies are commonly worded, on the life of a man who drinks to intoxication is worthless.

We see no injustice in this. If ten men out of a hundred who are insured shorten their lives ten or fifteen years by means of intemperance, those who do not shorten their lives have to pay more for their insurance than would be necessary if the others lived and continued to pay. Insurance must pay its way, and if some by wrong living die early, the long livers have to make up the deficiency. Every man who beeomes intemperate should be stricken from the rolls of the insured, or belong to a separate company or class, and be required to pay a premium commensurate with the extra risk. There is no fair method of life insurance except by classifying those who are insured, so that those who have excellent constitutions and good habits, shall have the benefit of a moderate annual payment. Brick houses pay but half the rate of fire insurance which is charged for frame houses. Why not apply an equally sensible rule to life insurance ?—*Phrenological Journal.*

BELLADONNA PLASTER IN OBSTINATE VOMITING.

Dr. Guéneau de Mussy, recommends, in obstinate vomiting, diachylon plaster and theriac plaster, of each two parts, and extract of belladonna one part, the plaster being twelve centimeters in diameter. It may remain applied to the epigastrium for twelve or fifteen days without being renewed; and out of the thousands which he has employed the author has only met with one case in which an idiosyncracy caused some ill effects to result. It is not meant to be asserted that this means always succeeds, but it has succeeded in a very great number of cases, either in entirely relieving vomiting or greatly mitigating it, some remarkable examples of which are alluded to in the paper. This success has encouraged Dr. Guéneau de Mussy to try the effect of the plaster as a prophylactic and curative in sea-sickness, and although as yet he has only tried it in four cases, he entertains great hopes of the benefit to be derived, and at all events thinks that so simple a remedy deserves further trial in so extremely painful an affection which has hitherto resisted all measures of relief. The first of these four cases occurred in the person of a young married lady, who never could place foot on a vessel without being tortured by sea-sickness, and who always landed in a state of exhaustion and semi-syncope. Having to make a voyage to Australia, she was advised to try the belladonna plaster, and after having some vomiting on the first day, she, when last heard of, had traversed the Red Sea without sickness and in good health. A Brazilian physician, who had made several visits to Europe, and every time had been tormented by repeated and obstinate vomiting, and suffered greatly from this, eagerly adopted the plaster, and although in his last voyage the passage was a very bad one, he only felt slight nausea. A great personage of the same country was also a constant victim of sea-sickness, but on the last occasion he made the passage without any attack, and was able to walk the deck, which he had never done on any of the other passages. On board the same vessel was a lady in whom sea-sickness had produced, if not alarming, yet very distressing symptoms. One of the plasters was applied, and in the course of a few hours the vomiting, which had been incessant, completely ceased, so that the patient was enabled to join the other passengers on deck.—*Med. and Surg. Reporter.*

THE TREATMENT OF SKIN DISEASES BY ELECTRICITY.

The (New York) *Medical Record* for August 15th contains a remarkable collection of cases of obstinate skin diseases which have been treated by Eessrs. Beard and Rockwell by means of central and local galvanisation and faradisation. "During the past two years," they say, "we have treated a number of cases of eczema, prurigo, and acne, by *centaal galvanisation* alone, without making any application to the diseased surface whatever; and under this method of treatment the results have, in some instances, been more satisfactory than under any other method of using electricity in these affections." Their method of applying the galvanism is to place the negative pole to the epigastrium and the positive to the back, moving it by turns along the whole extent of the cerebro-spinal axis, thus, as they say, "bring the whole central nervous system under the influence of the cnrrent."

With regard to eczema they say: "At first we used localised galvanisation in eczema, with sponges, cloths, and the metallic brush, and obtained thereby great relief of the itching, and, in time, cure." Latterly, however, they have discarded the local applications, and have confined themselves almost entirely to centric galvanisation. The first case is that of an Irish servant, aged fifty-one, suffering from chronic eczema of the leg of 8 years' duration, which had resisted all the ordinary remedies. Centrol galvanisation was first employed on April 23rd, with the immediate result of giving much relief, and on June 15th she was discharged cured. Five other cases of chronic aczema are reported, all of which were improved by the treatment, having previously resisted the more ordinary therapeutic measures. It is notable that the application was in every case followed by the immediate alleviation of the itching and burning pains which prove so tormenting in these cases. A case of acne rosacea treated by localised galvanisation is recorded, and two cases of chronic acne are mentioned which were cured, the one by local, and the other by central, galvanisation. This method of treatment has been remarkably successful in prurigo, the itching being almost instantaneously relieved. Psoriasis and pityriasis have not yielded readily to this trearment, but the pains accompanying herpes zoster have been in all cases greatly relieved. The last case recorded is one of elephantiasis of the legs, which was rapidly improved by local galvanisation, the first sign of improvement being, as usual, the disappearance of all pain.

VALVULAR DISEASES OF THE HEART.—In a paper on "Prognosis of Valvular Diseases of the Heart," published in *Saint Thomas' Hospital Reports*, Vol. 2d, by Thomas B. Peacock, M.D., F. R. C. P., the following observations are made: In reviewing what has been said as to the sources of danger in different forms of valvular disease, it will be seen that incompetency of the valves is regarded as a more serious defect than obstruction; and

of the affections of the valves of the left side of the heart, incompetency of the aortic is more dangerous than the similar condition of the mitral valves. Not only does incompetency of the aortic valves occasion great impediment to the circulation, and especially an imperfect supply of blood to the brain, but as the power of the left ventricle becomes rapidly exhausted, there is danger at any moment of death by syncope. In the corresponding condition of the mitral valves, though it seriously obstructs the pulmonic circulation and occasions great visceral congestion, death is brought about more slowly as the result of the imperfect æration of the blood and its impure condition from the state of the parenchymatous viscera, and by dropsical effusions, as sudden death is less likely to occur. As regards obstructive disease of the two sets of valves, he would reverse the order in which they are regarded as serious, obstructive disease of the mitral being apparently a more important defect than the same affection of the aortic valves. In the former condition the combined power of the left auricle and right ventricle is unable adequately to propel the blood through the left auriculo-ventricular aperture, and hence the lungs and other organs soon become very greatly engorged ; while in cases of aortic constriction the left ventricle long resists the impediment, and it is only when the obstruction has become extreme, and the power of the ventricle is impaired, that the more distant organs are involved.—*N. Y. Medical Record.*

Intentional Fracture of Femur to Produce Shortening.—Those who have heard of the surgeon of this city who not long since exsected a portion of femur from the sound thigh of a young man having shortening of the other limb, in consequence of caries of the head of the femur, and who by this means gave him limbs of equal length, will be interested to know that he has a rival in the person of Professor Rizzoli, of Bologna. From a paper read before the Medical Society of Bologna, we learn that he has recently had a fourth successful case in which he has intentionally fractured the femur in order to produce shortening of the limb. This case was in a girl of thirteen, who had inflammation of the cotyloid cavity when one month old, and resulting dislocation of the head of the femur. At the time of the operation the limb was so short that, when standing, the great toe hardly reached the ground. Professor Rizzoli fractured the right femur, and caused the fragments to override to an extent sufficient to equalize the length of the two limbs. Union took place in twenty days, and the patient left the bed at the end of five weeks.—*Medical Record, New York.*

A Victim to Science. — The Berlin medical journals record the death from cholera, on August 20th, of Dr. Otto Obermeier. Dr. Obermeier was in a fair way of gaining, and indeed had to a considerable extent gained, a high reputation as a scientific investigator of disease. Within the last few months he published some interesting researches on the blood in typhus fever (maculated); and, when seized with his illness, was engaged in researches on cholera. Having too great confidence in his power of resisting infection, in consequence of having not taken fever during his investigations on that disease, he kept in his bedroom pathological specimens taken from persons who had died of cholera, and also portions of their excreta ; and it is believed that in this way he became infected. According to one account, he injected some blood from cholera patients into his own vessels. He was so devoted to his inquiry that, after he had become aware of the condition in which he was, he made some microscopic examination on his own blood. His death occurred after an illness of seven hours, in the thirty-first year of his age.—*British Med. Journal.*

Rest in Locomotor Ataxy.—In the July number of the *American Journal of Medical Sciences*, Dr. Weir Mitchell insists on the great benefit of rest in the above disease. In cases of locomotor ataxy in which the occurrence of various accidents, such as fracture of a leg, had compelled the patients to take absolute rest in bed during some time, the symptoms, and especially pain, were considerably amended, and in some instances the course of the disease was impeded or slackened. One case was experimentally conducted. A sufferer from an intense attack of the disease was subjected to absolute rest without any other kind of treatment, and considerable amendment of all the symptoms was the result.

Gonorrhœa, Gleet, etc.—We have recently known a number of very obstinate cases of gleet relieved by the introduction of a catheter, smeared with mild zinc ointment, once or twice per day. Many recent cases of gonorrhœa are much relieved by the same means, with the addition of a little carbolic acid, sulphate of zinc or nitrate of silver. An injection, containing about 2 grs. of sulphate of zinc to the ounce of water, and the whole made thick as cream, with finely-powdered goldenseal (Hydrastis Canadensis), is deemed worth from $500 to $1000 by those who have been very speedily cured by it.—*Med. Times.*

Treatment of Burns and Scalds.—Dr. de Breyne highly recommends the following treatment in *L'Union Pharmazeutique* :—Hydrate of lime (newly precipitated), forty-five grains ; glycerine, five ounces ; chloric ether, forty-five drops. It makes up a transparent, colourless liquid, with an agreeable odour, and an alkaline reaction, according to the dose of hydrate of lime. It calms the pain, and prevents or abates inflammation.

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SUPPRESSION OF INTEMPERANCE.

We would fain hope that at the approaching session of the Ontario Legislature our brethren in the House will submit some practical and capable-of-accomplishment measure for the suppression of the monster evil of the day—Intemperance. In our judgment it is a loss of time to endeavour to accomplish total prohibition, a pleasant but Utopian dream; but very great good would result from a Bill having for its features the appointment of government inspectors of all places where wines or liquors are licensed for sale. The time for the visit of these officers, as in the case of Bank inspectors, to be unknown; violation of rules to be instantly visited with deprivation of license, or heavy fine; sale of liquors to be confined to taverns, drug stores, and exclusively wine and spirit shops; number to be determined by travel and population; a government analyst to be appointed, who, like the inspectors, would visit and examine the liquors at indeterminate periods; the punishment for adulterated liquor to be deprivation of license, and ineligibility for obtaining it in the future.

The causes which engender and increase the disposition to indulge in intoxicating liquors may be attributed to the bad example which youth from their infancy see before them. The habits of debauch and disorderly life, induced by frequenting saloons, billiard rooms, and other social meetings, and the destitution of moral and religious feeling and practice. The habit of drinking is usually at first acquired by invitation, and a silly desire to do as others do; but too quickly a pleasant sensation takes the place of indifference and irresistable desire, and increasing passion enslaves the degraded victim. The quarrels this practice give rise to, the vices and crimes of which it is the parent, the ruin of health and strength and debasement of mind which it occasions, imperatively call for more effective government restraint than is now to be found in our statutes.

The effectual remedy would be total prohibition; but would the strictest statutory enactments for the accomplishment of so sweeping a reform be equal to the overcoming of long-ingrained habit? We think not; and as we despair of the possibility of the axe being applied to the root, we would like to see a measure involving a vigorous initiatory pruning, trusting to time for the education of the people up to the standard of passiveness necessary for submission to a sumptuary law.

Tolerate in the meanwhile "cakes and ale with virtue," and in an optimist mood look forward to future complete disenthralment.

Confessedly we cannot dispense with the use of alcohol as a stimulant in many forms of disease, and if its sale, as the advocates of total prohibition propose, is to be limited to druggists, what a deluge of prescriptions would overwhelm them, formulated somewhat in this manner:—

℞—Spiritus Vini Gallici, ℥vj.
" Lavandulæ, ℥iv.
Syrupi Aurantii, ʒiss.

Fiat mistura. Sumat sextam vel quartam partem pro re nata.

PROFESSIONAL APHORISMS.

(Translated from the *Gazette Medicale.*)

1. The "savoir dire," the "savoir faire," an agreeable exterior and good manners, the knowledge of the world, a certain "Je ne sais quoi," which pleases and attracts, are turned to excellent account by some physicians. But it will not do to examine such gentlemen too narrowly. We must not blow too strongly on this froth; for the prestige quickly vanishes. These qualities are indeed to the character, what embroidery is to a garment, whose web is of no great value.

2. "An enlightened ignorance." These words, although seemingly contradictory, express an important truth. It is given to but very few to reach this high degree of philosophic truth. What study,

what watchings, what meditation, how much judgment and modesty are required, to know that we know but little, to estimate at their real value the acquisitions of science, to arrive at length at those limits where it is written "unknown." Montaigne, with much truth, distinguishes "the abecedarian ignorance" and the "doctoral ignorance." The latter requires a whole lifetime's labour to attain to.

3. What is the cause of the bitterness of one physician against another? Why does he blame him in every thing, and on every occasion? The truth is, he has been occupied with the same subject and has been less successful. Do you not see the caterpillar abusing the work of the silkworm? and yet the caterpillar can spin also. Oh, my friends, guard against medical envy: it is a case of cancerous pathology, which eats its way deeper and deeper, until the whole system is contaminated.

4. It is really absurd and ridiculous to see ourselves so often outstripped in the medical race by dolts and fools; and yet it is a disgrace and reproach to succeed after the fashion of some people.

5. There are some writers whose language, by being strong, compressed and profound, exacts so much from the thought, that it is called obscure and unintelligible. A physician once said to Barthez, "Your book is much too difficult to be understood." "Patience," replied Barthez; "I am preparing an edition which will be so clear that every ass will be able to drink from it."

6. The "genus irritabile" is found not only among poets and artists; a very large proportion of medical men belong to the same category. Nowhere is "amour propre" more ticklish, more sensitive, more galvanic, than among them: hence the endless disputes, the petty malice, and the secret love of spite, and even calumny, so prevalent amongst us. We must manage and accommodate truth itself to these irritable vanities, as we do the light of the sun to very delicate eyes. My dear brethren, be kind and charitable to each other. The public, not overbenevolent at any time to you, only laughs at your squabbles, and quacks all the time reap a rich harvest. Remember that you are the apostles of humanity: be also the sages of time.

7. It is a noble thought, and nobly expressed: "Pulchra sunt quæ videntur. Pulchriora quæ sciuntur, sed longe pulcherrima quæ ignorantur." How true of physiology, and indeed of every branch of physical science! At present we see but in a glass darkly. Will it ever be permitted to man, in his present state of existence, to penetrate the mysteries of Nature more deeply!

8. "I was dogmatic at twenty, an observer at thirty, an empiric at forty, and now at fifty I no longer have any system." So said Bordeau; and he is quite right; sooner or later in science, as in life, we arrive at that wisdom which almost resembles the effect of disenchantment. But it is not given to all to reach in practice this high point of medical philosophy. An acute sense, much knowledge, a superior reason, and a rare talent of distinguishing truth, from fiction, and from mere probability, are necessary to enable us to form a just appreciation of theories and principles, and of their application to practice. Whoever has not acquired these qualities is condemned like the crowd, to follow the standard of another, and to fall into, either an irrational scepticism, or an empirical routine, which is too often dignified with the appellation of experience.

PROLONGED UTERO-GESTATION.

The following is an extract from a paper on the above subject, read before the Yarmouth (Nova Scotia) Medical Society some time ago, by the President, Dr. Bond:—

"Although it was, many years ago, a matter of controversy whether or not a pregnant woman ever carried her child much beyond nine solar months, it is now, as you know, universally admitted that although a very large majority do not vary much from two hundred and seventy days, it sometimes happens that the term of fœtal life is very much prolonged. All the plans hitherto recommended for recognizing such cases have proved very unsatisfactory. If the following cases shall have the effect of pointing out a means more worthy of credit my object of bringing them before the Society will be accomplished.

In the year 1849 I was sent for on March 29th, to see Mrs. W., who felt quite sure she had been pregnant some weeks more than nine months. I found her very large and very "clumsy"; but

without any signs of labour. On May 9th I was sent for again. She had, when she sent for me, some slight pains, but they had entirely subsided before I reached her place of residence, more than ten miles in the country.

On May 16th (between her eleventh and twelfth month, according to her own reckoning), I was again in attendance. I found the *os* dilated the membranes ruptured, and a natural presentation. After a long and painful labour, she was delivered of a very large male child: it had perished during labour. On examination, I found encircling the umbilicus of the child, just where the *funis*, joins it, *a bright red ring*, less than two lines wide.

Since 1849, I have observed this red ring in other cases, in all of which there were good reasons for believing that the children had been retained *in utero* beyond nine months. Only one was still-born. Judging from my own experience only, I believe it always indicates retardation, and that in such cases it may always be found if carefully looked for."

The above case together with a similar case occurring in the practice of Dr. G. J. Farrish, of Yarmouth, N.S., have been published in the London *Medical Times and Gazette.* Dr. J. R. Dewolf, Medical Superintendent of the Hospital for the insane at Dartmouth (Halifax) also reports a similar case occurring in his practice. Dr. Dewolf's case is a very interesting one and goes far to prove that the red "ring" always indicates retarded utero-gestation. The subject is worthy the attention of the profession in a scientific point of view, and may also eventually prove of great service in determining what has hitherto been a very troublesome question in medical jurisprudence.

SPITEFUL JEALOUSY.

The October number of the *Canada Medical and Surgical Journal*, which, with its characteristic lateness, came to hand a few days ago, contains an article headed "Wholesale Pilfering," in which the editor appears greatly chagrined because we published, amongst our original communications, two articles from the pen of Dr. Howard, of Montreal, which, it is alleged, first appeared in the *Canada Medical and Surgical Journal*—the one in December, 1872, and the other in July, 1873.

Some time during the month of August last Dr. Howard sent us printed copies of the following articles, "Scarlatinal Pleurisy," and "Fibrous Tumors of the Uterus," which we published in the September number. On the title page of these articles it was stated that the former was read before the *Canada Medical Association in September, 1872*, and the latter before the *Medico-Chirurgical Society of Montreal in June, 1873;* but there was no evidence that they had ever appeared in the *Canada Medical* or any other journal, and consequently we considered them as original articles. We confess that we do not often read the *Canada Medical Journal*, as it is generally so late and stale that it is of very little service to us; besides, we never received the number for December, 1872, and the number for July, 1873, did not come to hand until the LANCET for September was printed; and even if it had, we would not have thought of crediting it with an article, the original of which we had in our own hands; so that to charge us with "pilfering" from its columns is a gratuitous insult, which we have no disposition to pass by unnoticed. Any articles we have ever copied from its columns we have given full credit for.

It was perfectly competent for Dr. Howard to send duplicate copies of his articles to the CANADA LANCET for publication, and that is what it appears to us he has done. We might as well, if we felt disposed, charge the *Canada Medical Journal* with "pilfering" from the LANCET, inasmuch as an article appears in its last issue from the pen of Dr. Hingston, which appeared in the LANCET two months ago. If the articles sent us were reprints from the *Canada Medical Journal* (of which there was no evidence) the editor is himself to blame for not crediting his journal with them. We apprehend the chief cause of grievance, and we have this on good authority, lies in the fact that Dr. Howard should appear to patronize the CANADA LANCET, and that these articles should have been first read and noticed by the majority of the profession and cotemporary journals as appearing in the LANCET, and that excerpts were generally credited to us.

During the three years the LANCET has been in existence we have never once stepped out of our way to attack any of our cotemporaries, except in self-defence; and we regret that we have been called upon the second time to defend ourselves

against the baseless insinuations of the *Canada Medical and Surgical Journal*. Medical journalists should have higher aims and nobler ends in view than endeavoring to traduce their *confreres*. We have done in this matter only what our conscience tells us is right, and we will not swerve from the path of duty or yield humble submission to the dictum of any one.

SMALL-POX.

This loathsome disease is at present very prevalent in Toronto, and it is high time that some more effectual means than has heretofore been taken to prevent its spread, should be adopted by the Board of Health. We would suggest that at least two vaccine stations should be at once established, one in the east and another in the western part of the city, where the poor may be vaccinated free of charge. The Board of Health should also obtain a good supply of thoroughly reliable vaccine virus to begin with, and see also that a constant supply is kept on hand for those who require it.

The appointment of public vaccinators in each of the Wards is all very well in its way; but will be of very little service unless some systematic means are adopted of carrying into effect the object the Board has in view. All infected houses and districts should be isolated as much as possible, and some method adopted of designating such infected places so that they may be shunned. A strict enforcement of the act relating to vaccination should also be demanded, and all infected tenements thoroughly disinfected as soon as they can be vacated. A determined effort on the part of the Board of Health in the direction briefly indicated in the above would tend at once to lessen the spread of the disease, and if persevered in, would sooner or later stamp it out entirely. Spasmodic efforts are of very little avail in arresting small-pox, and we trust the Board will see the necessity of persistent and determined action in reference to this matter.

HAIRY MAN.

The history and portraits of a Russian peasant and his son, of most remarkable appearance, now on exhibition in Paris, are given in the London *Lancet* of October 25. The father, Andrian Jeftichjew, aged fifty-five, was born near Kostrema, in Russia. He is called by the French "L'homme chien." Below we give his portrait, specially engraved for the CANADA LANCET. It will be observed that the entire face—nose, forehead, cheeks and ears—are covered with long brown hair, which also extends down his back for some distance. The skin upon which it grows appears quite healthy, no nævoid discoloration being present.

His son, Fedor, is only three years old, and bears a striking resemblance to the father; but the hair being lighter in color and thinner, the skin is more perceptible. Both father and son are nearly edentulous; the father had no teeth up to the age of seventeen, and then only four in the lower jaw and one in the upper The son has only four incisor teeth in the lower jaw. They were previously on exhibition at Berlin, and were examined by Prof. Virchow. Other instances of hirsute growth, similar in character, are mentioned as occurring among the Russians or Burmese, in all of which the same edentulous condition was observed. Hairy men are also said to exist in some parts of Japan; but neither in the condition of the teeth nor the arrangement of the hair, have they any analogy with the Russian or Burmese hairy men.

CYSTITIS.—The following combination has been found very successful in acute cystitis:

℞—Ext. Buchu fluidum.
" Uva Ursi " aa ℥j.
Sp. Æth. Nit., ℥ss.
Tr. Gelsemini, ℥j.
Pot. Bromidi, ℥ij.
Aqua Cinnamoni ad. ℥viij.—M.
Sig.—A tablespoonful every four hours.

ORANGEVILLE MEDICAL ASSOCIATION.

The medical men in Orangeville and surrounding country met a short time ago and organized an association. The following officers were appointed :—Dr. Thos. Henry, President ; Dr. Jos. Carbert, Vice-President ; Dr. James Henry, Secretary-Treasurer. The following TARIFF OF FEES was adopted by the association :—

MEDICINE.

Day visits within a mile	$ 1 00
Each additional mile	0 50
Night visits, from 9 p.m. to 7 a.m.	2 00
Each additional mile	0 75
Consultation (mileage extra)	2 00
Advice at office	1 00
Stethoscopic examination of the chest	1 00
Administration of chloroform	2 00
Certificate of lunacy	4 00
Certificate of cause of death in cases of life insurance.	4 00
Certificate as to state of health	2 00
For unusual detention in ordinary medical or surgical cases after the first two hours, per hour	0 50

SURGERY.

Adjusting fracture of thigh	$15 00
Adjusting fracture of leg	10 00
Adjusting compound fracture of leg	15 00
Adjusting fracture of arm	8 00
Adjusting fracture of clavicle	8 00
Reduction of dislocation of upper extremity	5 00
Lower extremity	10 00
Excision of larger joints	50 00
Excision of smaller joints	20 00
Amputation of thigh	25 00
Amputation of leg	20 00
Amputation at shoulder joint	25 00
Amputation of arm	15 00
Reduction of dislocation of the thigh	20 00
Reduction of dislocation of the knee	5 00
Reduction of hernia by taxis	5 00
Excision of mammary gland	25 00
Removal of tonsils	3 00
Removal of ordinary tumors	5 00
Removal of malignant tumors	10 00
Operation for club foot	20 00
Amputation of toes and fingers	5 00
Bleeding, plugging nares, and opening abscess	1 00
Introduction of catheter	2 00

OBSTETRICS.

Ordinary cases within four miles	$ 5 00
Cases protracted beyond twelve hours, extra per hour	50
Each additional visit (mileage extra)	1 00
Instrumental or complicated cases	10 00
Extracting placenta	5 00
Uterine diseases requiring use of speculum for each introduction, mileage extra	2 00

PHOSPHORUS MIXTURE.—The *Medical Archives* gives the following formula : Dissolve a grain of phosphorus in six drachms of chloroform, add two ounces of glycerine, and shake well. Dose : a teaspoonful in water three times a day.

PROLONGED URETO-GESTATION.—Dr. Park, in the *Glasgow Medical Journal*, gives the history of a case of prolonged utero-gestation, in which the period of gestation was 331 days. The fœtus was anencephalic, and there was only a very small quantity of liquor amnii. The writer states that the most likely explanation of this prolonged gestation seems to be, that the cephalic extremity being flat on the crown and about the size of the palm of the hand, was incapable of being moulded and so filling up and pressing equally upon the dilated neck of the womb. The small quantity of liq. am. is noticeable as bearing upon Rudolphi's theory as to the causation of the anencephalic monstrosity. A somewhat analogous case was published in the *British Medical Journal* of Feb. 22, 1873, in which the duration of pregnancy was 350 days.

In response to our appeal in the last issue, on behalf of a medical *confrere* in distress, we have received the following contributions : Drs. J. & C. E. Barnhart, Owen Sound, $5 ; Dr. W. H. Oliver, Petrolia, $2 ; Dr. William O'Dell Robinson, St. Jacobs, $1. Our appeal has not met with that generous response which we ought to expect from a liberal profession. No class of men in Canada bear a larger share of other men's burdens, or exercises a more constant spirit of active practical benevolence than medical men ; and when poverty and want overtake one of our own members we should, with that generous *esprit de corps* which should ever characterize a noble profession, come to the rescue in the most liberal and beneficent manner.

SCARLET FEVER.—Some very severe cases of scarlatina have been successfully treated by the following :

℞—Acid Mur.,	ʒj.
Syr. Simp.,	ʒij.
Pot. Chlor.,	ʒiij.
Aqua Rosæ ad.,	ʒiv.—M.

Sig.—For a child 6 years of age, a dessertspoonful every two hours.

DEATH.—The death of Sir Henry Holland, Bart., in the 86th year of his age, M.D., D.C.L., F.R.S., is reported in the English journals.

Appointnents.—Irwin Bridgman, of the city of Toronto, Esquire, M.D., to be an Associate Coroner within and for the County of York. Duncan Marquis, of the village of Mount Pleasant, Esquire, M.D., to be an Associate Coeoner within and for the County of Brant. William Philp, of the village of Waterdown, Esquire, M.D., to be an Associate Coroner within and for the County of Wentworth. Robert McDonald, of the village of Fullarton, Esquire, M.D., to be an Associate Coroner within and for the County of Perth. John P. W. O'Falvey, of the village of Maidstone, Esquire, M.D., to be an Associate Coroner within and for the County of Essex.

Freak of Nature.—Dr. W. H. Bent, of Argyle, N. S., sends ns the report of the following peculiar case of monstrosity occurring in a child whose parents reside in Pubnico. It has three legs in perfect use, two complete sets of sexual organs (male). Two perfect arms, and two imperfect ones—the latter growing from the middle of the back and curving in a line with the lower ribs. The head is finely developed, and what appears to be a second one is situated half way down the left side of the neck. It is considered a great wonder among the French acadians.

The medical practitioner who now allows a patient to die from hemorrhage, whether the case be medical, surgical or obstetrical, without giving him or her a chance of life by pouring in fresh blood, incurs a grave responsibility, and we believe that the neglect to transfuse blood in such cases will ere long be looked upon as malpractice.—*British Obstetrical Journal.*

Book Notices.

Vegetable Parasites, and the Diseases Caused by their Growth upon Man. [From the Third Annual Report of the State Board of Health of Massachusetts.] A Pamphlet. By James C. White, M.D., Prof. of Dermatology Harvard Univ'ty. Boston: Wright & Potter.

On the Action of Rhus Venenata and Rhus Toxicodendron upon the Human Skin. By the same author. [Reprinted from the New York Medical Journal, March, 1873.] New York: D. Appleton & Co.

Chemistry, Inorganic and Organic. With Experiments. By Charles Loudon Bloxam, Professor of Chemistry in King's College, London, &c. With 295 illustrations. From the Second and Revised English Edition. Philadelphia: Henry C. Lea, 1873; pp. 700. Price, $5 50; sheep. Toronto: Willing & Williamson.

The first edition of this work was published five years ago and was well received. The present edition has been considerably changed and remodelled to adapt it to the new nomenclature. The design of the author has been to give a clear and simple description of the elements and their principal compounds and of the chemical principles involved in some of the most important branches of manufacture and this he has succeeded in doing in an admirable manner. The work contains a description of a number of interesting experiments and is well illustrated.

Contributions to Practical Surgery. By George Norris, M.D., late Surgeon to the Pennsylvania Hospital; Vice-President of the College of Physicians of Philadelphia, &c. Philadelphia: Lindsay & Blakiston, 1873; pp. 318. Toronto: Willing and Williamson.

This is a very excellent and highly practical work. Dr. Norris has had thirty years experience in hospital service and should be able to show something as the result of so extended a practice, and no one who reads this work will doubt that he has accomplished that object. The subject of ununited fractures has received his most careful attention; deformities after fractures, compound fractures, statistics of fractures and ligation of arteries are among the subjects treated of.

The Cerebral Convolutions of Man. Reported according to original observations, especially upon their development in the Fœtus; intended for the use of Physicians. By Alexander Ecker, Professor of Anatomy and Comparative Anatomy in the University of Freiburg, Baden. Translated by Robert T. Edes, M.D. New York: D. Appleton & Co., 1873; pp. 87. Toronto: Willing & Williamson.

The Physician's Visiting List for 1874. 23rd year of its publication. Published by Lindsay & Blakiston, Philadelphia.

We prefer the Visiting List of Lindsay & Blakiston to any other.

THE CANADA LANCET:

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Original Communications.

A CASE OF LEAD POISONING.

BY WILLIAM C. CORSON, M.D., BRANTFORD.

(Physician to the Institution for the Blind.)

In presenting a case of lead poisoning, it is not claimed there is anything very extraordinary in its occurrence. We wish simply to remind our friends of the profession that cases of this kind are not necessarily confined to towns and cities, as is generally supposed, but that even in a thinly.settled rural district, as in the present instance, such an event may take place. The patient, of whom a brief account is here given, had been visited by other practitioners, none of whom professed to form a correct diagnosis. No blame can fairly be attached to these worthy and intelligent physicians. Happily cases of lead poisoning are not very frequent, even in the dense population of cities, and in country practice such an accident would rarely be suspected.

On the 23rd of January last, I was requested to see, in consultation, Mr. M., a farmer, aged 51, residing in the township of Harley. On entering the house, the number of neighbors and relations gathered there was evidence that the patient was considered in a most critical condition. His physician had spent the whole of the previous night with him, and had remained for my coming at noon. Upon examination, I found the patient with a normal temperature and a pulse rather slow and weak. His most prominent symptom, he informed me, was abdominal pain, for the relief of which fomentations were being applied, and morphia internally administered. There was no abdominal tenderness, and the pain was rather relieved than otherwise by firm pressure. The absence of any febrile movement in connection with other symptoms, showed there was no inflammatory action. The pain was often paroxysmal, and at times very severe. His previous history, as given by himself, was, that for two years he had been failing in health and growing gradually weaker. Frequently he had been seized with a sensation of faintness and precordial uneasiness as of impending dissolution. Last autumn, his arms and hands, to use his own expression, began to feel "fagged and powerless." He had gradually lost his color, and at the time of my visit presented the sallow pallor of serious organic disease. There had also been vague wandering pains in his limbs, and his mental powers had failed considerably. His bowels had a tendency to constipation, which he strove constantly to overcome. This history, taken with his present symptoms, pointed it out as a case of colic, and colic depending upon the presence of lead in the system; and upon looking at his gums, there, as plain as a sign in the heavens, was the characteristic blue line of Burton; and the line was not blue either, or violet, but absolutely black and broad! The teeth were encrusted with tartar, which, by its combination with the lead, had produced the deep-colored line of the gums. The patient was given to understand the nature of his disease, and he was asked if he could explain how lead was received into his system. He could think of nothing, except that he had painted his own house two years previously. This seemed so plausible an explanation as to the source of lead, that the inquiry was pushed no farther. In talking the matter over, however, with his wife, and just as I was about to leave the house, he remembered *there was a lead pipe extending from the pump into the well of drinking water.* Here, then, was a solution of the mystery. This man had been for two years drinking water charged with a leaden salt, until his whole system was saturated with the metallic poison. It was then suggested that one of his daughters, lying ill in another room, might possibly be ailing from the same cause. A visit to her revealed the fact that she too, was suffering from the contamination of lead, though in a milder degree than her father. She had continued uneasy pains in the bowels, and the violet streak was quite distinct along the margin of the gums. Indeed it was noticed the whole family had not enjoyed good health for months previous, and the discovery of the cause was a most fortunate circumstance.

Of course we were able to make a cheerful prognosis, thereby relieving the minds of the patient and his friends. I may say, the intelligent young physician who had charge of the case, at once entered into my views as to the nature of the disease. Upon consultation as to the course of treatment, it was resolved to place the patient upon the use of iodide of potassium in combination with tincture of nux vomica, occasionally giving an aperient, and to employ anodynes to relieve him. The subsequent progress of the case was all that could be desired. The pain soon ceased, appetite and strength returned, and, in a word, the man made a most excellent recovery.

It is well known that lead and mercury, introduced into the system in sufficient quantities, unite with the tissues of the body, and in the case of lead, that the deposit takes place in the muscular structures, producing partial or complete palsy of certain muscles. We owe much to M. Melseus' who, by a series of chemical and clinical experiments, demonstrated that iodide of potassium was the true antidote to these mineral poisons, by forming a soluble iodide, whereby they become disengaged from the tissues, and are drained off by the kidneys. It is in this way, no doubt, that the iodide of potassium acts so beneficially in syphilitic affections after the use of mercury, and it is equally efficacious when the system becomes impregnated with lead. The use of strychnine and electricity as anti-paralytics, should not be undervalued in these cases, but they are only adjuvants, and secondary to any remedy which serves to eliminate the poison from the system.

There is one point in Mr. M.'s case of special interest, viz., the recurring paroxysms of faintness and fluttering, produced no doubt by the weak and faltering heart. In listening to the cardiac sounds of this man, the impulse was found to be feeble and the second sound indistinct. The influence of lead upon the heart has been established by such observers as Christison, Blake, Tanquerel and others. The heart is a muscular organ, and it is not surprising that lead should weaken the contractile force of that important organ, just as it may weaken or paralyze the extensors of the forearm, producing the "wrist drop" of lead palsy.

In every case of saturnine poisoning, the source of the lead should be carefully sought. Lead is so extensively used in the arts and manufactures, that it exists all around us in protean as well as in subtle forms. The painter and the printer are not the only class exposed to its deleterious influence, but it is found in our wines, our sugar and tobacco, and bubbles to our lips from soda and beer fountains. A professional friend, to whom I mentioned this case, related an instance in which a delicate woman—a farmer's wife—suffered fearful lead colic, and had the violet streak of the gums, from using apple sauce kept in an earthen "crock," used all over our country, and glazed with lead. I remember the case of a woman, who consulted me about ten years ago, while practising in New York. She had lost the use of both hands, having had the "drop hand" of lead poisoning for years. Her husband kept a grocery, and I made the discovery that she was in the habit of taking the first glass of beer in the morning, from a beer fountain supplied through a leaden pipe. The muscles of the hand were wasted away from long disuse, and her helpless skeleton fingers rendered her an object of pity. In her case we gave the iodide of potassium in large doses, and she improved rapidly. The atrophied muscles began soon to develop, and in three months she had so far regained the use of her hands as to engage in her household duties. It was the proudest day of her life, she afterwards told me, when she could once more sew for her young family.

CHARLATANISM.

BY GEORGE GRENIER, M.D.

(Translated by THOMAS R. DUPUIS, M.D.)

Continued from our last.

As it is of the highest importance to correct such abuses as affect the public health in an injurious manner, we deemed it our duty to direct attention, in our last two numbers, to Charlatanism as one of the causes of real and continued mischief among our population.

The evil exists, and it behooves us to find a remedy for it; and we have already taken the first step in that direction, by calling attention to that class of pernicious persons—the Charlatans themselves—who speculate in human folly. But as it is not in our power to change the constitution of the human mind, and the reign of ignorance threatens

to be of long duration, it devolves on us to search out the most effectual means of suppressing the abuse referred to. On entering a little deeper into this question, we perceive that it involves so many points, important to the public in general, and to the profession in particular, that to treat of it properly in all its bearings, would demand more space and time than we are able to devote to it.

It would require us to take into consideration the means of elevating the standing of the medical profession in this country, the laws which regulate physic and pharmacy, the laws affecting the liberty of the press, and even the moral law itself, in their relation to it.

Notwithstanding this, we may take some notice of it, and we proceed by stating that charlatanism makes its inroads into our society under two principal forms. The first is by means of remedies, called, both in Canada and elsewhere, "patent medicines," with which the country is literally flooded, and which are for the most part pernicious drugs; and the second is by those persons, in the proper sense of the word charlatans, who sell their medicines and bestow their personal attendance on the sick. In our present state of society, the former of these is more difficult to suppress than the latter; nevertheless, both are susceptible of being modified.

Evils produced by the use of patent medicines, amongst the classes that allow themselves to be imposed upon by the startling announcements with which such medicines are set forth for the very purpose of deceiving public credulity, must be frequently met with in the course of practice by physicians of even the most limited powers of observation.

Persons who would think it derogatory to their characters to purchase medicines from a mountebank who flaunts himself on a public stage, are not at all backward in risking their lives, perhaps, on the faith in another equally as vile, who makes use of the press to resound the marvelous cures wrought by the virtue of his elixir!

Patent medicines are good, bad, or indifferent; and are, in either case, capable of producing incalculable evils.

If we take the first case, and allow that they are good in themselves, it cannot be supposed for a moment that, for this reason, they are applicable to a large majority of diseases, if the slightest reference is made to the organization of the human body, and the causes that disturb its functions. The universal remedy yet remains to be discovered.

Admitting still further that physicians know the composition of these preparations and even prescribe them in certain cases, and that they are recommended to the public for definite and specified affections only, they are, even then, capable of doing real harm, when persons wholly unacquainted with medicine are allowed to be the judges of the applications to be made of them. For the true physician, who properly comprehends the nature of his high calling, does not prescribe according to the name of a disease; but seeks to penetrate, as far as possible, into the intimate folds of the life of the individual; and it is, in making this research, that he discovers the most valuable indications of treatment.

Every one possesses his own peculiar life, and hence the modifiers of that life ought to vary accordingly. The same disease often requires in one person, remedies altogether different from what it does in another.

The causes of disease are not the same, and their characters are unlike; age, sex, and constitution modify their course; changes necessarily take place, complications arise, and the system of medication varies at different times—all of which are circumstances that impose upon the physician the duty of carefully studying each particular case—so that he may be able to generalize diseases, and individualize his patients to the fullest possible extent.

The physician who has devoted his life to the study of the different manifestations of even one disease, can sometimes hardly find the proper thread to guide him in his conscientious researches; and yet, the first adventurer that comes, has his pretensions to be able to judge of the indications of treatment admitted by the public, on account of his pompous and often lying advertisement.

Secondly, a great number of these patent medicines are in their nature injurious, over and above the injuries which they cause by the abuse which certain persons make of them. We are not now speaking of those great "female remedies," the advertisements of which, we regret to see, still continue in the columns of French newspapers, after having been the object of reiterated denun-

ciations from conscientious physicians; but we speak of a multitude of other preparations besides them, which, without being so dangerous to public morality, are the cause of a host of the chronic diseases to which our population is subject. There is not a medical man but has encountered, in the course of his practice, cases of the nature referred to, amongst that class of persons who have ruined their constitutions by a prolonged use of these medicaments.

We are at the present time attending a young lady, who, by the recommendation of a midwife, took a certain kind of drastic pills that were advertised in the newspapers, during nearly the whole time of her pregnancy. Fortunately they were followed by no immediate accident; but the gastric and intestinal mucous membrane were thereby irritated to such a degree, that a return to her former state of health is doubtful. And this is but one example among thousands that might be cited, were the observations of our professional brethren consulted.

Among the dangerous remedies, also, we may class the numberless narcotic preparations designed to quiet children, which though sold under different names, all produce similar effects by the opium they contain in greater or less quantities. These drugs are vended everywhere, by both grocers and druggists, and their consumption is immense. We know from reliable information, that one druggist alone in Montreal sold 30,000 bottles of one of these preparations in a single year!

Now if the extreme susceptibility of children to the action of opium, and the profound changes it produces in all the functions of their organism, are considered, we cannot be surprised that numerous diseases and even death, result from a prolonged administration, or from too large doses of this powerful remedy, when it is thus entrusted to inexperienced hands. Inquests upon children poisoned by the use of these narcotic preparations are very common in England; and how many cases of this kind must escape the vigilance of the authorities?

Thirdly, supposing these remedies to be indifferent (or neutral), that is, incapable of producing disease of themselves, they are still liable to become the cause of a great deal of evil, by inducing the sick to confide in their virtues until disease has become so deeply rooted in their systems, that cure may be almost impossible. And such cases as these are frequent enough in practice.

The least of the evils produced by them is the occasional expenditure, by their unfortunate patrons, of a good round sum of money upon the treatment of a disease, which they might have got rid of for an insignificant trifle, had they at once consulted a physician.

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Errors in the application of patent medicines are sufficiently frequent, and in most cases injurious to the individual's health. Hence it is our duty, as guardians of the public health, to warn the public of the dangers to which they expose themselves by trusting to these remedies; for whether they are good, bad, or indifferent in themselves, they are all capable of producing injurious effects by being improperly applied.

We may remark still further, that most of these secret remedies are nothing but vile compounds, and owe their popularity to the ingenious ways in which they are advertised by every possible means. In this respect, the press, the mission of which ought to be to instruct and enlighten, is, for pecuniary considerations, made the instrument by whose agency any imposter may bring a dangerous remedy into public notoriety. And even the most immoral advertisements are not refused; so that journals, otherwise respectable, contain descriptions of diseases, which any prudent father of a family would hesitate to place before the eyes of his children. It may be, that the proprietors of newspapers, etc., are ignorant of the pernicious consequences of these immoral advertisements, and follow, without reflection many times, the example given them by the press of the neighboring Republic. The evil exists, nevertheless, and is worthy of our most serious attention.

To reach this difficulty in an effective manner, the law should prohibit the advertising and sale of every secret remedy, whether it is without virtue, or whether it is injurious to the health and even dangerous to life, or whether it may be useful in relieving the sick. For, in the first two cases, it is the duty of the legislature to prevent charlatanism from imposing a tax upon credulity, and from occasioning fatal accidents; and in the last, the good of society demands that it should promulgate every means useful in the art of healing, and favor its adoption.

Any physician who is conscious of the sublimity of his mission, and solicitous about his professional honor, will not keep secret a discovery that is useful to suffering humanity; on the contrary, he will be the more eager to make it known in proportion to his convictions of its greater importance. Those who pursue an opposite course of conduct, are, by the unanimous opinion of the medical corps, left to themselves, and regarded as outside of the pale of the profession; but fortunately, for our honor, such persons are rare amongst us. The code of etiquette adopted by the Canada Medical Association is very explicit on this point. After having declared it to be contrary to the dignity of the medical profession for medical men to have recourse to public notices, to circulars for attracting the attention of persons afflicted with any particular kind of disease, to offer publicly their services gratis to the poor, or to warrant cures; to publish their operations or cases in non-medical journals, to boast of their cures or their remedies, to produce certificates of cures, and, in fine, to resort to any of the means generally employed by charlatans. The code continues, Art. 1, sec. 4, ... A physician degrades his professional character by obtaining a patent of invention for any remedy or surgical instrument whatsoever, and by prescribing a secret remedy, the knowledge of whose composition, or the exclusive right of which belongs to himself or others. . . . . Equally reprehensible are physicians who give certificates attesting the efficacy of secret or patent medicines, or, in any other manner, favor their use.

In preventing the advertising and sale of all secret preparations, it may seem as though a wrong would be done to the inventors of appliances really useful, by taking from them the power to enjoy the advantages accruing from their labors. When, however, a physician is the inventor of a beneficial remedy, it is seldom that he has any objections to its being made known,—he does not wish to retain it a secret,—and more especially when he knows such conduct would be contrary to the liberality and benevolence that ought to distinguish a professional man. And it is certainly more seldom that a person, unacquainted with medicine, becomes the discoverer or inventor of any means of unquestionable utility in the healing art.

But to prevent the science of medicine from suffering in any case, by being deprived of useful discoveries, there is nothing to hinder the adoption of a law similar to what regulates such matters in France. Studious to prevent charlatanism there, the law strictly prohibits the sale of all secret remedies, and traffic in them for medicinal purposes, all exhibitions of drugs and medicinal preparations upon stands or in stalls at fairs, markets, and other public places; all advertisements and printed handbills that set forth secret remedies under whatsoever name or title they may appear. Act of the 11th April, 1803, Art 32, 3 C. And by a decree of the 18th of August, 1810, permission could not be given to the originators of any remedy, either simple or compound, while they maintained the composition of it a secret. Any person who might discover a new remedy, and who desired to turn it to advantage, must deposit the recipe of its composition with the Minister of the Interior. The Minister then appointed a commission for the purpose of: 1st, examining its composition, and deciding whether its administration might, in certain cases, be dangerous and hurtful or not; 2nd, if the remedy was not dangerous in itself, whether it had produced, or whether it was still producing beneficial effects on mankind; 3rd, what price should be paid the inventor of a remedy adjudged to be useful, for the secret of its composition; proportioning the price: 1st, according to the merit of the discovery; 2nd, to the benefits which have arisen or which may be hoped for, from it in the relief of human suffering; 3rd, to the personal advantages which the inventor had received, or which he might expect to receive from it. In cases where the inventors were dissatisfied, a commission of revision was appointed. After this, the Minister of the Interior entered into an agreement with the inventors, and the secret was directly published.

Since the ordinance of the 20th December, 1820, establishing the Academy of Medicine, the examining of secret remedies has belonged to that learned body. In France, then, the inventor of a new remedy cannot legally gain personal advantages from it as a secret remedy. He can of course keep his secret, but it would be in his hands a property that brings him no return; and as the law prevents druggists as well as others from selling secret remedies, druggists have no advantages over others in this matter.

Should a person desire to reap the benefit of

any invention, he may in conformity with the decree of Aug. 18, 1810, propose to the Government to make over to them his secret by selling them his recipe. Then, after having had the opinion of the Academy, the Government may, if they judge proper, enter into an agreement with the party on the proposed terms; the formula is then published, and the remedy thus made public property, may thereafter be kept ready prepared by every druggist just as the preparations authorized by the Codex are.

But the inventor without selling his secret, according to a decree of the 3rd of May, 1850, may consent to its divulgation without pay. The formula is then submitted to the Academy of Medicine, and after its having been approved of by the Minister, it is published in the *Bulletin de l'Académie*, and thus made public property like any medicine described in the Codex.

In this case, of course, the inventor derives no pecuniary advantage from his invention, but he has the satisfaction of having bestowed a benefit upon mankind by making known to them a discovery which in his hands would have remained useless. It is usually the case, however, that care is taken to retain the exclusive proprietorship, either of the form, the color, or the wrapper of the medicine, or of some particular name or title, any of which may become private property, without constituting the medicine such; and thus by the force of circumstances it comes to pass that the advantages of its sale are almost exclusively retained.—*Briand and Chaudé.*

In France, then, according to the actual state of law and jurisprudence, every preparation not described in the Codex, or the formula of which has not been published by the Government, or in the *Bulletin* of the Academy of Medicine, is considered a secret remedy, and its advertisement and sale are prevented by severe penalties. And numbers of convictions are actually made. Moreover, by the law respecting patents of invention, pharmaceutical compounds or remedies of every kind, are held incapable of being patented.

M. Ph. Dupin, a law reporter, expresses himself as follows, in reference to this matter: "It is an admitted fact that there exists, unfortunately, an inveterate prejudice—a belief in the popular mind so deeply fixed that it cannot be uprooted—that the granting of a patent carries with it a guarantee of utility and worth in the article patented,—that the Government has examined, adjudged, and approved of it, and that in consequence of this it recommends itself to the confidence of the citizens. This impression produces so many bad consequences when applied to matters affecting the public health, that to thus expose credulity to the mercy of charlatanism, or of those who generally take out patents of invention, would be a monstrous error."

As before stated, the adoption of a law similar to the above is very desirable for Canada. It would be no difficult matter to appoint commissioners, or to delegate to the College of Physicians and Surgeons the powers which are exercised by the Academy of Medicine in France. The United States, though considered emphatically the home of quackery, have taken the lead of us in this matter. The draft of a bill to prohibit by penalties the advertisements of abortionists, and others equally immoral, handbills, and indecent images, was recently submitted to the Legislature of the State of New York. *L' Union Medicale*, of France, commenting on the above, remarked, that the first step had been taken towards repressing those evils, and that this should lead their legislators still further. Roguery is practiced with such facility by means of medical advertisements that these should be suppressed like other crimes and immoralities by punishing their perpetrators.

If public opinion in Canada is not yet ready to accept a system of regulations as strict as the foregoing, it is proof that false ideas on this important subject still prevail. We ought to continue, notwithstanding, to agitate this question and to place it before the public in its true light, by showing them that the general good requires this sort of legislation. By this means we may at last give to public opinion, perhaps, a direction and force that will secure the much desired end.

(To be continued.)

Diabetes Cured by the Exclusive Use of Meat and Lactic Acid.—This is a newly recorded case of diabetes mellitus in which Professor Cantani's mode of treatment, as above, was perfectly well borne by the patient, and produced a rapid persistent cure. The treatment did not extend beyond seventeen days. The case is recorded in Fasciculo 5 of *Lo Sperimentale*, 1873.

CASES IN PRACTICE.

BY CHARLES M. SMITH, M.B., OWEN SOUND.

(Continued from our last.)

Case 3. Loss of Sight from a Gun Explosion; Corneal Opacity of Right Eye; Paralysis of Third Nerve and Hæmorrhagic Effusions on Left Side; Operation for Artificial Pupil; Recovery of Sight in Both Eyes.

Was called on the 5th of October, 1870, to see David B——d who had been injured by the explosion of a gun. On reaching the place, which was about five miles distant from town, I found the patient bleeding profusely from a deep wound at the superior internal aspect of the orbit. A horizontal wound of one and a half inches extent laid bare the supra-ciliary ridge on the same side, the inferior margin lying reflexed over the eye. The pupil of the left eye was widely dilated and the anterior chamber partially filled with blood.

The right side of the face was severely burnt from the forehead to the angle of the mouth and black from the presence of the grains of gunpowder. The eye lashes were completely burnt off on the same side and the superior and outer half of the conjunctiva was abraded and blackened. The centre of the cornea was pierced by a large sized grain of powder. The man could see nothing, not even distinguish light.

I extracted seven small fragments of bone from the first mentioned wound which allowed the probe free entrance into the frontal sinus; a splinter of the stock was also extracted from the same wound. The young man who had been with him said that the patient had himself jerked the portion of the lock from the same place before he fell to the ground. Three sutures of silver wire were employed to close the wound on the eye brow, and the hæmorrhage controlled from the first mentioned place by Tr. Ferri Perchlor. As much as possible of the powder was extracted and the parts covered with cotton wool saturated in carbolic oil.

As the man had been a heavy drinker the prognosis was extremely unfavorable. Before leaving the house I ordered cold water cloths to be kept constantly to the wounds on the left side; and administered a mercurial purgative. During my subsequent visits I found the right eye progressing favourably although it was with great difficulty that the eyelids were kept from adhering to the globe, as I had to trust to the faithfulness of the man's wife in passing a silver probe frequently between the abraded surfaces. Several times the fræna had to be divided with the knife; fungous granulations also formed but were quickly removed by Argent. Nit. Fus. By the 1st of November the conjunctival and corneal surfaces were entirely healed, but vision was obscured from the opacity of the upper and outer three-fourths of the cornea.

On the left side the sutures were withdrawn on the fifth day and the wound healed favourably, but the cavity at the angle discharged large quantities of pus, although it had diminished considerably in circumference. The patient also complained greatly of neuralgic pains in the left eye, the conjunctiva of which was chemosed in its whole extent. The pain was relieved by the application of an atropia solution (grs. ii. ad ℥i.) to the eye, along with a blister to the temporal region.

As the patient was able to discover objects partially when the right pupil was dilated with atropine, I determined to form an artificial pupil, which was done by the operation of incision at the inferior aspect of the iris. The usual after-treatment was adopted and when the bandage was removed the patient had good vision excepting in the right lateral direction. By the end of November the wound on the left side had contracted to a sinus, the blood had disappeared from the anterior chamber, but the pupil still continued in a state of extreme dilatation and the eye could only be rotated outward by the external rectus on its vertical axis and slightly upwards and inwards by the sup. oblique, showing that the third nerve had been injured. On dilating the sinus with a spring ear speculum and admitting all the light that it was possible to get in the little cabin lighted only by one window, some dark coloured substance was noticed at the depth of about an inch. As considerable traction on this caused only severe pain and hæmorrhage, I desisted. Two days afterwards this had approached the surface sufficiently for me to be able to distinguish it as some foreign substance. By a little rotation combined with traction I succeeded in withdrawing a substance that, when washed, excited some surprise, for it was nothing less than a circular piece of felt! When

flattened out from its thimble-like shape it was about an inch and a half in diameter.

I now called for the man's hat, which, after a little search, was found with a hole in the brim corresponding to the piece.

The *chapeau* was an old soft felt one, and had been worn with the brim drooping, so that the fragment of the lock had pierced it and carried the piece into the wound. After the removal of the foreign substance the wound healed up entirely, although vision only improved to a dim perception of light and objects brought within six inches of the face.

The man moved away from the neighbourhood shotly afterwards, and I received a letter from him in March stating that he had recovered the use of both eyes.

CASE 4. PELVIC CELLULITIS AND INFLAMMATORY ENGORGEMENT OF CERVIX UTERI; TREATMENT BY INCISION AND MEDICATED PESSARIES; RESOLUTION AND RECOVERY.

Was called while passing the house to see Mrs. C. F., who was said to be very ill. On seeing the patient, found that she was properly under the treatment of another physician, he having attended her in accouchement about five weeks previously. Merely asked the woman a few questions; found that she had had several rigors and complained of pain in the right iliac region; suspected inflammation of uterine appendages and recommended her husband to call her physician at once.

She was seen next day by the physician who made no examination, and said that nothing serious ailed the patient. Her husband called me on the 26th of July to see her, as she was getting no better.

History. Patient was delivered some five weeks previously by instruments, it being her first confinement. She had received a wound at the posterior fourchette which is not yet healed. She has suffered from pain in the back and thighs, especially the right, and also sharp cutting pains which she refers to the *bowels*.

Appetite has continued tolerable until within the last day or two, up to which time she has also been able to walk across the room, although unable to assume an erect posture. Has no pain in micturition or defæcation; sweats profusely during sleep and is now unable to walk alone.

Present condition. Delicate looking, anæmic, tongue furred, thirst urgent, pulse 96 to 100, thready, urine high coloured. External examination detects no particular tenderness in the uterine region, but firm pressure in each iliac region causes pain; no abnormal dullness.

Internal examination reveals a hard swelling at the roof of the *cul de sac*, more marked on the right side, and when pressed upwards by the finger causing pain in the back; uterus almost immovable and substance of cervix very firm and thickened posteriorly; no discharge from the os, which appears to be healthy. Ordered:

℞—Potass. Bromid.		ʒv.
Ext. Sarsæ. Fl.		ʒvi.
Tr. Belladonnæ		ʒii.
Tr. Cinchon. co.		
Tr. Card. Co.	aa	ʒiss.
Aq., ad		ʒviij.

Sig.—ʒij ter in die.

℞—Pulv. Opii.	grs. ij.
Ext. Belladonæ	gr. i.
Ext. Conii.	grs. v.
Cer. Flav.	gr. xij.
Adipis.	q. s.

Make into a firm pessary.

Sig.—Introduce one into the vagina each night.

Vagina to be syringed out three or four times daily with warm water.

July 28th.—Pulse improved, still complains of considerable pain. Bowels to be kept open by

℞—Sodæ et Pot. Tart.		ʒiij.
Sodæ Bicarb.		℈j.—M.

Sig.—Ft. Pulv. i.

To be taken in the morning in a tumbler three-fourths full of water with a teaspoonful of sugar and ʒss of Succ. Lemon.

July 31st.—As pain still continued severe, ordered, Emp. Lyttæ, 6x6, to the sacrum, and Chloral Hydrat. ʒss.; Tinct. Hyosciami, ʒij.; Syr. Aurantii, ʒj,; Aqua, ʒiv.; a tablespoonful of the mixture to be taken at bedtime.

August 4.—Found relief from pain in the back after applying blister; still complains of the dull, aching pain in the "lower part of the bowels." Tenderness on internal examination seems increased; no abnormal heat of vagina.

Ordered stupes of hops to the hypogastric regio and whiskey and egg mixture three or four times daily.

August 8th. Pulse 96, tongue clean, bowels

acting well, but patient complains of more pain in defæcation and micturition. Internal examination reveals the tumour still hard and somewhat lower down. She is exceedingly pleased with the effect of the chloral in giving her good sleep at night. Ordered quinine and acid mixture for the night sweats.

I introduced a curved bistoury along with the finger, and made four incisions in the posterior aspect of the cervix which was almost horizontal with the os; they bled freely for a few seconds.

August 11th.—Has been free from pain during the last two days, swelling more defined aronnd the cervix, pulse gaining strength.

August 13th.—Still continues free from pain, is gaining strength, sleeps well, has a good appetite, induration disappearing on the right side.

August 31st.—Since last report has improved rapidly; has been out for a drive, the swelling has almost entirely disappeared; has had a couple of boils in each axilla and several styes, but is now free from them.

Cervix still somewhat indurated, patient is able to stand erect, but walking causes a bearing down pain.

September 18th.—Called at the office to-day, feels well and hearty, but walking fatigues her, especially in the effort of going up stairs.

Medical Items and News.

Modification of the Operation for Hare-Lip by Sir William Fergusson.—On two successive Saturdays, Sir William Fergusson has recently demonstrated to the students of King's College a novel modification of the ordinary operation for hare-lip. The cases in which he carried out this plan were of the usual type, the fissure being, as in the majority of instances, on the left side; and in both it was considered advisable to take away the intermaxillary bone. This adds to the success of the operation, not only by removing an occasional obstacle to primary union, but because the teeth, which are subsequently developed from the projecting knob, are worse than useless, by reason of their deficient development and faulty position. Instead, however, of removing the portion of the bone readily with the knife or bone forceps, it had occurred to Sir William that it would be much better to operate subcutaneously, so to speak, by stripping off and retaining the mucuous membrane; and accordingly this was done with perfect success, the bone shelling out readily from its investment; not only will this procedure greatly accelerate the subsequent process of healing, but the advantage is obvious, of retaining a thick and firm mucous surface in preference to the more artificial substitute of cicatricial tissue.—*Brit. Med. Journal.*

Clinical Thermometry.—Dr. Lawrie, who has recently conducted a rather extensive series of clinical thermometric observations in India, which are published in the *Indian Medical Gazette*, has arrived at the conclusion that, if accuracy of observation is aimed at in clinical thermometry, the unloaded rectum is the only place in which this can be attained satisfactorily and with certainty. To obtain an accurate observation in the axilla, necessitates keeping the thermometer in position, with numerous precautions, for fully fifteen minutes; and this is no less irksome to the patient than to the physician. In the rectum, five minutes are amply sufficient. Taking the temperature under the tongue, means, as a rule, taking the temperature of the cavity of the mouth; as patients, espepecially if very sick, cannot be depended on to keep the thermometer in the proper place. Moreover, unless people like to submit to sucking a thermometer, which has shortly before been in another persons mouth or armpit, a separate one must be kept for each patient. No objection can be made to placing an oiled thermometer for a few minutes in the rectum, except that it is indecent; but with regard to females, to whom alone this objection can apply, the indecency vanishes if the operation be entrusted to the nurse—the medical man taking the reading. Dr. Lawrie has never yet, in hospital or private practice, found any patient to object to it.—*Brit. Med. Journal.*

Neuralgia of the Testicles.—In a number of the *Wiener Medizinische Press*, Dr. Lazarus investigates the condition called "painful testicle," "neuralgic testicle," &c., and sets down the following plan of treatment, which he states has been very successful: Sulphate of zinc internally (four grains of the solution of sulphate of zinc in seven ounces of water, a tablespoonful three times daily); and subcutaneous injections behind the scrotum (with the needle syringe) of a solution of ten grains of sulphate of zinc to two and a half or three drachms of water.

A Strange Suggestion.—The *St. Louis New Era* makes the following strange suggestion. We hardly think it will be carried into effect. It would be a fatal advertisement for some M.D.'s: "In marriage notices it is usual to give the name of the clergyman who performed the ceremony; and with usual propriety, in obituary notices, the name of the attending physician should be given."—*The Doctor*, Nov. 1, 1873.

Correspondence.

AN OBJECTION TO A CERTAIN PORTION OF THE PROPOSED MEDICAL ACT.

(To the Editor of the Lancet.)

SIR,—In looking over the proposed amendments to the Ontario Medical Act, I find a provision to the effect that it shall be within the power of each Territorial Divison to license midwives. This I wish to oppose most strenuously as being totally uncalled for in a country which is flooded with doctors who have been thoroughly trained, and are therefore much more competent to deal with these cases than a midwife. I contend that as we have spent some of the most valuable years of our lives in the study of what is said to be a "noble profession" as well as considerable money, that we should be protected most stringently against the meddlesome interference on the part of old women, and further this is to many of us country doctors a very remunerating part of our business, and we would not like to be made by Legislative measures to pay from $2 to $5 a year for the support of an act which takes money out of our pockets, by placing it within the power of others who have never spent a farthing, nor lost an hour for the sake of becoming properly educated, to attend cases of confinement.

Where I am located I have to contend with two of these old bodies and a quack, who I must say have been pretty successful in their attendance on such cases. They charge $2 (while I have $5) for their attendance, and they get about 60 cases a year, which would amount in my hands to a very decent living for my small family. No doubt all this would pass into my hands were it not for them, as I am the only doctor within reasonable reach. I of course get a reasonable share of the business to do. A great deal of protection from quackery I have had for the $10 I paid four years ago! and now from $2 to $5 a year is demanded by the Amended Act, which has been narrowed at one point and widened at another. I would say contract it at every point that it may be uniform throughout.

I ask any right thinking man if it would be just to ourselves to quietly consent to be robbed in this manner and pay a yearly tax to see that it is well done. I do not know that I should object so much to the passage of the clause alluded to if doctors were as scarce and as difficult to be obtained as they were years ago; that time has long gone by, and now a doctor can be got in an hour or less from almost any village numbering from 50 inhabitants upwards, hence my reason for dispensing with midwives, who have caused the death of many a woman, as did one lately, if I am not mistaken, at Yorkville.

I have written this article for publication in the *Lancet* at the request of a number of physicians in the neighbourhood, who feel on the subject as I have written, and with a hope that it may arouse others to give their views on this important question, and thus give the Medical Council to understand that the sooner such clauses are done away with the better, and that what we want is such legislation as will put down with a firm hand all forms of quackery.

You must not understand that we object to being taxed, far from it; but we want protection that is protection, then go ahead with your tax of two, five or even ten dollars a year if you wish, only do the right thing by us.

(Signed,)

A CORRESPONDENT.

TREATMENT OF FEVERS.

To the Editor of the LANCET.

SIR,—In perusing the correspondence in the *Lancet* I can scarcely resist the conclusion that some of the writers are infected with a *cacoethes scribendi*, or they would not wish to trouble the profession throughout the Province with a history of some slight "jar" with a professional neighbour who happens to disturb, for the time being, their equanimity. Happily, most of the writers have chosen subjects that are of vital importance in advancing the interests of medical science, the objectionable ones being the exception to the general rule.

Notwithstanding the advancement that has been made in medical lore in times past, there is much yet to learn in regard to the treatment of disease. Evidence of this may be found in the number of deaths that are so frequently occuring in all directions—even in the practice of the most success-

ful. The responsibilities attaching to the conservators of the public health are great, indeed; and every member of that useful body should lend his best energies in investigating the principles on which the science of medicine is based. The laws governing vital action should be more thoroughly investigated, and better understood. The question, whether *curative action* is brought about by the medicine we administer, or the power of the vital forces, in resisting the disease is yet to be decided. It is, now, an admitted fact with the leading minds in the profession, that the exhibition of medicines in Typhoid Fever, is inimical to the interests of the patient. But a few years ago, to attempt to treat a patient without the prescribed medicines would have been considered highly censurable.

Sir William Gull, one of England's greatest physicians, delivered a lecture at Guy's Hospital on Typhoid Fever, on which occasion he said: "The origin of the disease is, somehow or another, connected with drainage. It has therefore been called the filth fever; hence, to get rid of the filth is to get rid of the fever. It seems as if this really is so, for Millbank prison was infected with Typhoid and Dysentery; but now the water supply has been changed and the drainage attended to, and these diseases have almost entirely disappeared." This eminent authority further explains that the disease is self-limited, or runs its course of 21 or 28 days, according to the constitution and condition of the patient; that the duty of the physician is to conserve the strength of the patient in order that he may go through this lengthened crisis; that the exhibition of medicines tends to exhaust the patient, and thus lessen the chances of recovery. This method of treatment was adopted a number of years ago in the treatment of measles with the happiest results.

The idea may be carried still further. If Typhoid is the result of "filth"—impurities taken into the vital domain—may it not result from impurities retained? and, as soon as the impurities are elimited, the cause being removed, the fever should terminate. A question has come up in connection with the late Yellow Fever epidemic at Memphis, Tenn., that is pertinent. It is said to have been demonstrated, that if the temperature of the body is kept down to 98° Fh., the solid structures are not contaminated; and, the infection will be eliminated from the fluids in from 2 to 3 days, after which a speedy recovery follows. The cases were treated hydro-therapeutically; sub-acid drinks were freely given, and no medicines were administered. If this should be demonstrated to be correct, in reference to the treatment of Yellow Fever, it should apply in the treatment of all inflammatory affections, and might, with some slight variations to suit the circumstances, apply in low fevers, such as Typhoid. The subject of fevers, and their treatment abounds with interest. This will be still further apparent when it is estimated that 17,000 die annually, in England alone, from Typhoid. I was much pleased with the communication of "Alpha" in the December number.

OMEGA.

To the Editor of the LANCET.

SIR,—Will you be so kind as to publish in the next number of the *Lancet* the recipes for those wonderful digitalis and squill combinations of Dr. Kerr that cure Scarlet Fever, Croup and Dysentery so speedily? for surely every doctor in the land ought to have them filled and at the head of his bed all the time. I presume he is a highly educated physician, and no doubt very successful in his practice; but I have grave doubts of his combinations, on their own merits, holding so strong a place in the treatment of those diseases as he considers them worthy. But let us see the recipes if you please.

I am sorry to see so much space occupied by letters on personal quarrels, that in no way interest members of the profession outside the locality of the combatants, and in some instances not even there. What grieves me most is the attitude of the *Lancet* on Alcoholic Medication and Temperance. Alcohol is lauded as the only drug that will cure Ephemeral Fever of Child-Bed, by Dr. Kerr, and in other articles this poison that destroys more health than all the doctors restore, is spoken of as the only remedy of any use, or at least without which all others would be useless or nearly so.

Science has demonstrated that alcohol is nothing but a goad, and cannot give power in any way, hence no one ought to prescribe it for weakness or exhaustion. Experience also proves the same thing to such men as Henry Munroe, M.D., F.R.S., Dr. Muzzy, Dr. Dods, Dr. Higginbottom, Dr. J. W. Beaumont, Dr. Edmunds, Lionel S. Beale, M.B.,

and many others equally noted; most of these say that alcohol *never* does good but always harm.

Now, when I see some third or fourth rate M. D. reporting a case and prescribing brandy for infants and females, to say nothing of men, in the face of all these authorities I feel that we ought not to say much against quackery, for the Profession is in a great measure responsible for the charlatanism of the age.

You ask for a more stringent license law. Is it not a fact that for two hundred years the law in all countries *regulating* the liquor traffic has been a standing failure? And from the very nature of the case will ever be. If you in the *Lancet* and the editor of every medical journal would *proscribe* alcohol instead of *prescribe* it, the proposal you call Utopian would ere long be practicable. Patients would rise from severe illness minus the appetite for the drink, and rise sooner and better.

I have treated many severe cases of inflammatory and febrile disease without alcohol in any form and with the very best results. I can unhesitatingly affirm that my experience for three years compels me to agree with Dr. John Higginbottom, who says that "if he ordered or allowed alcohol in any form, either as food or medicine, to a patient, he should certainly do so with a felonious intent." For the sake of science and humanity do not prescribe alcohol, for surely the former is ignored and the latter debased thereby.

HUMANITARIAN.

Salisbury, N. B., Dec. 11th, 1873.

[Dr. Kerr's recipe contains *four* officinal and *three* non-officinal ingredients.

Officinal.
- Opium in powder, one ounce.*
- Stranonium (fol.) in powder, one ounce.
- Digitalis (fol.), in powder, or squills, ½ ounce.
- Dulcamara (fol.), in powder, one ounce.

Non-officinal.
- Sium Lineare (water parsnep) (fol.), in powder, one ounce.
- Cicuta Maculata (water hemlock) (fol.), in powder, one ounce.
- Conio-selinum Canadense† (hemlock parsley) (fol.), in powder, one ounce.

The whole to be made into a fine powder.

* For children opium is reduced to a half part.

DOSE.—For an adult the usual dose is about 6½ grs.]—ED.

†See Gray's Manual, p. 154, and U. S. Dispensatory, p. 1576.

To the Editor of the LANCET.

SIR,—I have read three numbers of the LANCET with much pleasure and profit,—glad that there is enough spirit in Ontario to publish and maintain a medical journal; but I would very much like to see more contributions from the fraternity throughout the Dominion. Are we so insignificant and behind the times that we can not fill a country's journal with our own observations, ideas and researches. I am a Canadian, and a physician, and consequently feel interested in the status of the profession, particularly among you. If we are always to hear of the advantages of English hospitals, the M.R.C.S., &c., our own schools and colleges must suffer. Let us learn to feel proud of our own institutions, without feeling so honoured by titles procured from those abroad. The condition of our being dependent on a foreign power, makes us feel a want of confidence in our own ability.

Before we dare announce ourselves physicians in a town, we must either have an M.R.C.S., or some other distinction. It is time we shook ourselves free from such views. Although we are not independent,—having no ruler directly of our own—let us keep up a spirit that will characterize and strengthen us when we do arrive at that period.

Then, and not till then, will we feel an interest in everything, an interest which, to-day, would be but its shadow. Also, if we are to have Canada for Canadians, we can not do it by preferring United States' literature and science, or American school books for our youth. In a word, let us have a nationality of our own. I have not the views of De Cosmos concerning our becoming a partner in the "Greater Britain," but the views of Rev. Mr. Thornton, on independence,—delivered before the St. Andrews Society at Ottawa.

With all the advantages derived from our medical colleges, with the addition of training in European hospitals, where are our brethren? What have they done? Have they added to our medical literature? and why can they not get up a Materia Medica, Dispensatory, &c., works to characterize our country? As school boys, we had to study American school books; as medical students, American authors and reprints. In regard to the C.P. & S., Ont., what protection does it afford? I believe, with "Pro Bono Publico," it is a grand fizzle. His experience in procuring his registration

is simply that of hundreds who have had any business with the officials. Tardiness and haughtiness were prominent features. If they are to imitate, let them imitate the Americans in civility and promptness.

From what I learn from my Canadian newspapers and LANCET, quackery and patent medicines are at their zenith, and celebrated physicians are numerous. Tell me what is the object of the C.P. & S.? Is it to burden my confreres with a tax? to exact a thorough curriculum of study, and when through with the struggles of hope, to have the satisfaction that you can be harassed by humbugs? Impose a tax, restrictions or anything, but "snuff out quackery."

Quackery should be punished vigorously, and the sale of patent medicines restricted. Every man has heard of, and seen the evil consequences of the indiscriminate use of such medicines.

I can think of several whose lives are rendered burdensome by taking medicines, patent and otherwise, from unprincipled persons. Quackery is tolerated in Iowa. No law exists to prevent any one from practising, or collecting fees. The country is comparatively new yet, and laws for protection are prayed for. My predecessor in this town informed a gentleman of considerable attainments, that the "Epiglottis" was a *medicine* which was formerly used, and that the patient had the *acute ammonia fever*. I have practised medicine here for three years, contended against humbugs and patent medicines, and have found out that although my Canadian degree and license did not give me any lawful privileges, yet they bear an influence which strengthens every day.

Yours truly,

JAS. S. SPRAGUE, M.D.,
L.C.P. & S., Ont.

Dakotah City, Iowa, Dec. 16, 1873.

Selected Articles.

BLOODLESS OPERATIONS.

The bloodless method of operating appears to have become quite fashionable of late, and surgeons are endeavoring to extend it to every region of the body. Quite recently, a new application of an old principle has been introduced into England from Vienna by Sir Henry Thompson—namely, the plan of removing tumors by gradual strangulation. It appears that when Sir Henry was in Vienna a few weeks ago he had many opportunities of seeing the practice of Professor Dittel, who has lately been performing gradual strangulation operations. By this means Professor Dittel has removed tumors of all kinds, the testicle, the mamma, and even amputated the thigh. The details of action may best be given by describing the operation performed by Sir Henry Thompson, at University College Hospital, on the 21st inst., for the removal of a diseased breast:

A piece of india-rubber cord, about the size of a No. 4 catheter, is passed through the eye of a large curved needle set in a handle. Through the same eye a stout piece of whipcord is passed. The breast is then gently drawn from the subjacent tissues, and the needle carrying the india-rubber and the whipcord ligature is made to transfix the base. When the point of the needle has emerged, the india-rubber band is cut in two and the needle withdrawn, leaving the whipcord uncut. Each of the two india-rubber bands is now made to encircle half the mamma, and then tied tightly as in the operation for nævus. The operation, which is quite bloodless, is now complete. The constant pressure of the india-rubber cords causes linear sloughing, and in nine or ten days the breast separates. It may be added that the whipcord is passed through with the india-rubber cord, as the latter sometimes breaks, even after two or three days, as in the present instance. Sometimes only one side of the breast is tied at the primary operation, the other half being left until the first has been completely cut through. It will be observed that no cutaneous incision in the skin was made; but Sir Henry remarked that, although he wished to perform this particular operation exactly according to the rule of Professor Dittel, he would in future prefer to make a slight groove in the skin in which the india-rubber ligature should lie.

Professor Dittel claims for his operation—which, he says, is especially adapted for fistula in ano—a great immunity from pyæmia, inasmuch as by the gradual ulcerative process smaller openings are left for the absorption of septic matter. But although it is perhaps premature to offer a decided opinion on the merits of the operation, it will at once be seen that the advantage thus gained is almost nullified by the presence of a large sloughing mass in contact with the vessels for many days, and in the larger operations even for weeks. Moreover, at least one case of pyæmia has followed this operation. Further, against the plan of dividing only half the breast or half a tumour at a time it may be urged that the chances of secondary hæmorrhage are increased by throwing the full force of the blood-current on to the vessels of the unligatured side, so that the blood may escape from the distal surface of the separation.

It may be interesting to our readers to be informed as to the incident which Professor Dittel asserts led him to think of the applicability of this operation for the removal of tumors. It seems that some months ago he was called to see a young girl who was suffering from severe nervous symptoms, and who was evidently dying. Next day, on making a post-mortem examination, he found that the rubber band of a hair-net which had been worn day and night for a month was deeply imbedded in the pericranial tissues, and had in one part cut through the walls of the skull and was pressing on the dura mater, which was in a state of acute inflammation. On inquiry it was ascertained that the girl had a cruel stepmother, who greatly objected to the loose and dishevelled looks of her daughter, and insisted, therefore, on the child wearing a net to keep the hair in place, with what effect our readers already know.

At some future period, when the case is more complete, we shall furnish full particulars of the subsequent progress and the result.—*The Lancet.*

ON THE DIAGNOSIS OF EARLY PREGNANCY.

BY ADOLPH RASCH, M.D.

The object of the paper was to draw attention to an important symptom of pregnancy of the first three months, of which until now no notice has been taken by French, English and German authors. After briefly reviewing the early symptoms as taught in handbooks, including the symptom on which Dr. Barnes laid stress before this Association, Dr. Rasch said that no opinion should be expressed in any case unless the uterus had been made out beyond doubt by the bimanual examination. The vaginal examination should always be made by *two* fingers, unless circumstances forbade it, as by so doing results much more accurate could be obtained. An enlargement found, the distinction had to be made between enlargement by hypertrophy, or by tumours, and enlargement by pregnancy. To solve this difficulty, the author has continued his investigation in a very large number of cases of which he kept notes for nearly two years, and enlarged experience has fully borne out what had helped him in making a few times a right diagnosis where other better men had failed. This important symptom was fluctuation. That it must be felt very early seemed to him, *a priori*, certain. For why should half an ounce or more of liquor amnii, enclosed under conditions very favourable for this purpose, not be felt fluctuating equally well as a few drops of pus in a panaritium? The notes of several hundred cases satisfactorily answer the question. Fluctuation could be felt in some cases as early as the seventh week of pregnancy; in most cases after the second month. With every following year the author had less difficulty in detecting this very important symptom. By adding to it the areolar signs of the mammæ, we should be able in many cases to make an almost certain diagnosis. The author here mentioned another valuable symptom in early pregnancy which often directed attention to pregnancy—viz., the increased desire to pass urine, especially at night. It certainly ought to put the practitioner on his guard, and make him eschew the use of that valuable instrument for confining a diagnosis already made—the uterine sound—which, in fact, should never be used by those that could not dispense with it in making a diagnosis. The objection to fluctuation as a symptom of pregnancy might be that it could not be felt, or if felt, might be due to retention of other fluid than liquor amnii. Considering the great rarity of retained menses or other discharges, the mistakes would be rare, even if other symptoms did not help to make a distinction. But it would certainly be safer practice for a short time to suspect pregnancy, where it did not exist, than to do the reverse. To meet the other objection that fluctuation could not be felt so early, Dr. Rasch urged his hearers to try patiently, and assiduity would be rewarded. The best way to feel it was to introduce two fingers into the vagina, while the other hand steadied the womb through the abdominal walls, and alternately to manipulate the uterus with the two fingers. In some part of the uterus the fluctuation would be found often in one corner of the fundus, sometimes lower down. In most cases of early pregnancy, the author found the uterus anteverted, and then the manipulation was easier done than when the uterus was retroverted. The fluctuation was in the beginning mostly only felt by the fingers in the vagina, sometimes, too, by the outer hand at the same time. After three months, it would be mostly felt by outward manipulation alone, but we should never trust to that only. The catheter should always be introduced when accurate results were desired.—*Brit. Med. Journal.*

TEDIOUS LABOUR FROM DEBILITY, AND ITS TREATMENT.

BY HUGH MILLER, M.D., GLASGOW.

The remarks in this paper had reference solely to cases in which delay was due to enfeeblement or failure of the natural powers of the organs specially called into action during parturition. The writer held that the element of time should not be considered in the classification of labourrs, that it was unscientific to do so, and that uncomplicated labours should only be assumed to be unnatural

when the pains were no longer active, and the labour non-progressive. After considering the powers of expulsion in a healthy woman, the author referred to the forces at work which prevented a high standard of health from being maintained in city life, and said that, in proportion as it was wanting, labour was prolonged in many cases. Labour in cities was thus frequently tedious from constitutional debility, so that, even while it might be regular and its progress certain for a time, the pains either lingered or became arrested through exhaustion taking place before the labour was completed. When symptoms of acute fatigue set in, the pains were short and sharp, and they recurred more frequently. The general indications for treatment were to support the strength before labour set in, and during the first stage, and, as soon as the pains indicated debility, to deliver with the forceps. The timely application of the forceps was preferred to ergot, because it seemed more reasonable to assist a weakened organ by giving help from without, than by applying a stimlant to an already overworked one. This practice, instead of inducing flooding, helped to prevent it, through preserving the power of the uterus from becoming exhausted; it also prevented inflammatory diseases of the passages, and the death of the fœtus. In his private practice, he found one case in every twenty-six labours show symptoms of debility; and, since he had adopted the early application of the forceps, not one of the children so delivered was still-born.—*Brit. Med. Journal.*

ST. BARTHOLOMEW'S HOSPITAL.

NEPHRITIC ABSCESS OPENED FROM THE BACK.

(Under the care of Dr. SOUTHEY and Mr. THOS. SMITH.)

The patient in this case was a careworn-looking man, aged 54. For over ten years he had suffered from stricture of the urethra, for which tapping through the rectum had been performed some years ago. The patient for the last four or five years had neglected to pass the catheter, and had during that time suffered from great pain in the left renal region.

On admission into the hospital, on the 9th of August last, he suffered from occasional severe rigors, and had a constant severe pain in the left renal region, running down the left thigh as far as the knee. The pain was increased by extending the thigh, which was kept flexed on the abdomen, or by the act of defecation. The urine was thick, and contained from a quarter to a third of pus. A large fluctuating swelling was detected in the region of the left kidney. There was apparently no history of renal or vesical calculus. The case was, however, diagnosed by Dr. Southey and Mr. Smith as one of renal abscess, in which there was probably a calculus or clotted pus preventing free escape down the ureter into the bladder.

On Monday last, the 24th inst., Mr. Thomas Smith had the patient put under the influence of chloroform, and then made an incision in the left lumbar region, as for colotomy. After dividing the latissimus dorsi muscle, he passed a director through the matted tissues into the fluctuating swelling, and let out about a pint and a half of thick, dirty, fetid pus. The pus came away per saltum at each inspiratory act, and towards the end it was found to be much clotted. The cavity from which the pus came was so large that the finger could not be made to touch every side, but no calculus could be detected by digital examination. —*Ibid.*

THE TREATMENT OF POST PARTUM HÆMORRHAGE.

BY ROBERT BARNES, M.D.

Obstetric Physician to and Lecturer on Midwifery at St. Thomas's Hospital.

The choice between cold and styptics depends upon our appreciation of two entirely different physiological conditions. Styptics will act when cold will not. When the diastaltic system is dead to irritation, when life is almost ebbing away, when no known power can compel the uterine muscle to contract and thus to close its bleeding vessels, styptics, which act chemically, will still seal up the mouths of those vessels and corrugate the inner surface of the uterus.

For want of experience, perhaps, of the most desperate forms of hæmorrhage, this fundamental distinction has not made sufficient impression upon some men. I frankly accept their assurance that they have never failed to control hæmorrhage by compression of the uterus or aorta, by ergot, or by cold. I hope they will equally accept my assurance that I have seen many cases where men of the highest ability and experience had failed to subdue hæmorrhage by these means, and where, at this juncture, the perchloride of iron has instantly rescued the patient from impending danger.

In my obstetric operations, I have insisted as forcibly as I could upon this classification of cases, because I think that upon it rests the justification for urging a new plan of treatment. So long as cold acts, use it; but when cold fails use iron, which will not fail. Each has its use; each must have its turn. I am afraid Dr. Mushet has not done me the honour to read my book. At p. 461, 2nd ed., is the following passage: "Cold is more effectual if applied internally. Levret was, I believe, the first who used ice in this way. Perfect, says Levret, 'hit upon a very odd and ingenious expedient; he introduced a piece of ice into the

uterus, which, being struck with a sudden chill, immediately contracted and put a stop to the hæmorrhage.'" A graphic clinical description of reflex action before the theory was known! Tyler Smith, to whom the theory and practice were alike known twenty-five years ago, advocated the injection of iced water; and, notwithstanding his early teaching and long experience, this keen observer and sagacious practitioner in the latter years of his life resorted to perchloride of iron.

I long used cold-water injections. At p. 472 of my book is the following passage: "At one time, it was my habit to wash out the uterus with iced water first. I now prefer not to do this. * * At the period when the perchloride is especially indicated, the exhaustion is generally so great that the injection of cold water is ill borne. I am inclined to think that, under the circumstances, the injection of cold water is more hazardous than the injection of perchloride of iron."

This leads us to the consideration of Dr. Mushet's statement that "he has no dread of cold-water injections; no compunctious fears of pyæmia or metritis, or irritant influence on the uterine tissues or sinuses, as he has never witnessed any injurious effect from their employment, which cannot be affirmed of the perchloride, *if we trust the evidence adduced at a former meeting of the Obstetrical Society.*" I have italicised the concluding sentence in order to point my assertion that the "evidence adduced" cannot be trusted. Few were there who *heard* the discussion referred to, but were satisfied that the positive evidence of good done by the perchloride far outweighed the doubtful evidence against it. A report of the proceedings of a learned society is often very like a newspaper report of a trial in a court of law. One must see and hear and know the witnesses in order to judge of the value of their evidence; and, even when we have formed a just estimate of evidence, we must be careful not to build a larger structure of deduction upon it than it will bear.

I will not contend that an injection of perchloride of iron may not be followed by pyæmia. But it is one thing to show that pyæmia has followed such injection, another to prove that the injection was the cause. But, let it be granted that the injection has caused pyæmia, is the remedy thereby absolutely condemned? Is no account to be taken of the numerous cases—for numerous they now are—in which life has been saved by it? Certainly, after severe hæmorrhage, under any treatment, or no treatment, the liability to pyæmia is great. That perchloride of iron adds sensibly to that liability is not proved: unless, indeed, we take the case of a woman who, but for the use of perchloride, must have died of hæmorrhage. If she have pyæmia, it may truly be said that, but for perchloride, which enabled her to survive the immediate peril of flooding, she would not have had pyæmia. But pyæmia has often occurred after the use of cold water. Will it be said that the cold water caused pyæmia? I will not affirm that it did; but of the frequent sequence there can be no doubt. Scarcely a week passes without my having the opportunity of seeing some case of pyæmia after labour at term or abortion where iron had not been used. In some of these, experience justifies me in the belief that pyæmia would not have taken place had the iron injection been used in time to lessen the loss of blood, and thus to spare the conservative forces of the system.

I still feel justified in repeating the formula expressed at p. 474 of the work quoted:

"We have three stages of hæmorrhage to deal with. 1. There is hæmorrhage with active contractility of the uterus. Here the diastaltic function may be relied upon; excitants of contraction find their application. 2. There is the stage beyond the first, when contractility is seriously impaired, or even lost. Here excitants of contraction are useless; our reliance must be upon the direct application of styptics to the bleeding surface. 3. There is the stage beyond the first two, where not only contractility, but all vital force is spent, where no remedy holds out a hope unless it be transfusion; and even this will probably be too late."

The practical directions are as follows: Take a Higginson's syringe, to which is connected a uterine tube nine or ten inches long. Mix in a deep basin four ounces of the strong liquor ferri perchloridi of the *British Pharmacopœia* with twelve ounces of water; pump through the delivery-tube two or three times to expel the air; then pass the delivery-tube into the uterus, so that its end touch the fundus of the uterus; then pump gently and slowly; the styptic fluid will thus bathe the whole inner surface of the uterus.

Had I the smallest misgiving as to the value or general safety of the practice for which I am mainly responsible, I would, without hesitation, retract all I have said, and avow my error. I have not the vain ambition to set up a "currus triumphalis" of iron. But knowing that lives dear to me, and lives dear to others, have been saved by it; and still believing that the benefits far outweigh the evils springing from it, I again commend the practice to those who have the courage to try a new remedy in desperate circumstances, and who fear to let a woman bleed to death relying too long upon means sanctioned by routine.

As I have said at the beginning, this momentous question must be decided by facts. From every quarter of the compass assurances flow in that lives have been saved by it. I earnestly appeal to every man who has had a fatal case of flooding after the use of perchloride of iron to publish as full an account of it as possible. At some future time I shall endeavor to sum up the evidence, giv-

ing faithfully the records of my own observations and reflections.

[Dr. Lombe Atthill bears testimony to the efficacy of the same remedy.—Ed.]

The treatment of post partum hæmorrhage, being altogether a distinct subject from the possibility of anticipating and averting its occurrence, was not considered in the papers recently published by Dr. Whittle and myself in this *Journal*. The question is, besides, so important, that, to do it justice, it should be treated of at length. I shall, therefore, in response to Mr. Moorman's appeal, merely state my own experience of the results of the use of the direct application of the solution of the perchloride of iron to the interior of the uterus, when used for the purpose of arresting post partum hæmorrhage.

Since I commenced the practice of injecting this styptic salt into the uterus in the class of cases under consideration, I have not had a fatal case of post partum hæmorrhage, while I believe I have saved several lives which were in great jeopardy. In one case only did death subsequently occur. The patient was a lady, a member of a highly strumous family, who herself, prior to the occurrence of labour, was in very bad health. Sudden and uncontrollable hæmorrhage set in immediately after the birth of the child. Not a moment was to be lost, or my patient would have been beyond the reach of medical aid. What the exact strength of the solution I employed may have been I know not, for it was made by guess. I injected about four ounces of it. The hæmorrhage was instantly arrested, and the patient did well for five days; then symptoms of pyæmia set in, and she finally died. I do not believe that her death was due to the injection of the perchloride; but I relate the case as it occurred. Of this I am sure—that she would have died in a few minutes from hæmorrhage, had it not been restrained by the action of the perchloride. I now always carry the perchloride of iron with me, and, if any excessive loss occurs, use it as directed by Dr Barnes in his work on "Obstetric Operation." I believe the satisfactory results which I have met with are due to my using the solution promptly, and in not waiting till the patients were in a state of collapse. For the purpose of injecting it, I use a common syphon syringe, to which an ordinary vaginal flexible nozzle is attached. This should be carried fairly up to the fundus of the uterus. I generally find that four or five ounces of the solution are sufficient. As to the strength, Dr. Barnes recommends that four ounces of the strong liquor ferri perchloridi be added to twelve of cold water. I generally use it stronger—about two parts of water to one of the liquor. One precaution only is needed, namely, to take care that the tube is passed well into the uterus before any of the fluid is injected; otherwise the vagina will be corrugated and the os uteri contracted from the effects of the iron, the styptic will not reach the interior of the uterus, and great difficulty will be experienced in any subsequent efforts to introduce the tube. The same reason, namely, the effect produced by the action of the styptic on the vagina and os uteri, renders the application of the iron by means of a sponge difficult and unsatisfactory.

In conclusion, I believe the injection of the perchloride of iron to be not only a justifiable, but, in general, a safe mode of treating severe cases of post partum hæmorrhage, and that it, or the use of some similar styptic, can alone be relied on in severe cases.

The great injury to which steel instruments are liable, when kept in a bag which also contains a solution of the perchloride of iron, has induced me to carry the salt in the solid form, the bottle containing it being enclosed in a box-wood case.—*Brit. Med. Journal.*

Fæcal accumulation.—Mr. S., aged 60, had been more or less ill for two years, with gradually increasing distension of the abdomen, accompanied by some emaciation, loss of appetite, much flatus, and confined bowels. On examination, I detected an immense tumour filling the whole of the abdomen, except a small portion of the left lumbar region, where there was tympanitis. It passed upwards under the ribs, downwards into the pelvis, was perfectly smooth, very hard and quite immovable; over a small part, to the right of the umbilicus, was indistinct resonance; and somewhat below this, I felt a coil of small intestine between the tumour and abdominal wall, evidently filled with fæcal matter. By firmly pressing the finger against the swelling, at different parts, I found that a slight indentation was made, though with difficulty. The superficial abdominal veins were much distended. The rectum was full of large hard lumps. My diagnosis was fæcal accumulation to an extent I never saw nor heard of before. Large injections of warm water daily for three weeks, aided by small doses of belladonna and nux vomica, brought away a most astonishing quantity of fæcal matter, and resulted in the total disappearance of the tumour, and the restoration of the patient to perfect health. I may add, that homœopathy had had a lengthened trial in this case. Dr. Cole.—*Brit. Med. Journal.*

Sedative Power of Bromide of Potassium.—A very striking example of this power has been published by Dr. Leriche in *L'Union Med.* of July 19th last. A man of thirty-five years had been suffering for some time from stricture of the sphincter ani. All kinds of applications were used, as opium, camphor, belladonna, baths, plugs, dilatation with the prepared sponge, &c., but to no pur-

pose. The pain on evacuation was excruciating, and the finger could not be made to pass the contracted sphincter. Dr. Leriche was then consulted, and advised the cessation of all local applications. Rest and a light vegetable diet were prescribed, and thereupon the patient experienced considerable relief. As the latter expressed much fear at the proposal of an operation, thirty grains of bromide of potassium were given *per diem*. This dose was gradually increased to eighty. In a month all the disagreeable symptoms had disappeared, and the exercise of the functions of the rectum occasioned no pain whatsoever. It is plain that the case was one of spasmodic contraction. It would be worth while in strangulated hernia to try large doses of bromide of potassium.

BRAIN–FORCE AND BLOOD–SUPPLY.

Dr. W. B. Carpenter has recently given two lectures on the functions of the brain, chiefly based upon the recent researches of Dr. Ferrier, reported in the last volume of the *West Riding Asylum Reports*. He drew particular attention to the intimate dependence of nerve-force upon an active blood-circulation; for which reason, the brain of man, although it weighs no more than one-fortieth part of the weight of the entire body, receives about one-fifth of the whole blood-supply. And of this fifth part, the greater portion goes to the grey cortical substance and to the ganglionic centres at the base. In ordinary, the nervous system resembles a moderately-charged galvanic battery, which is ready to send a current when the circuit is completed. When excessive blood-supply exists, the tension of the battery is discharged spontaneously, as in tetanic convulsions; and when the blood-supply is lessened, the functions of the brain are diminished. Sleep is accompanied, if not induced, by reduction of the circulating blood-current through the brain; and total insensibility immediately follows complete stoppage of the blood-supply. When the intense faradic current of an induction-coil is applied, as in Dr. Ferrier's experiments, to the cortical substance of the brain, a visible afflux of blood to the stimulated part is in all cases produced; and to the excessive nervous tension thereby caused (resembling that of an over-charged Leyden jar), rather than to the direct stimulation of the nerve-substance itself, Dr. Carpenter attributes the discharges of nerve-force that produce the lately discovered movements in muscles. In support of this view, he cites the fact that time is required (especially when the electrodes are far apart) to call forth the action; also the fact that the action frequently continues after the stimulation has ceased. Application of the electrodes to parts of the cortical layer lying far apart causes general convulsions; whilst the excitement of one convolution alone, or of part of a convolution, calls forth co-ordinated movements of particular groups of muscles, which may now be generally foretold by experimenters with unerring accuracy. Movements, however, are only produced when the anterior lobes or front parts of the middle lobes are stimulated; these being the parts of the cerebrum which are first discovered when the gradual development of the brain is traced upwards through the different races of inferior animals to man. No movements are elicited by application of the stimulus either to the posterior parts of the middle lobes of the cat or dog, or to the posterior lobes or forward prolongation of the anterior lobes of the monkey. The lecturer considers that these experiments still warrant the inference, sketched years ago upon other evidence by himself, that "the posterior lobes are the instruments of those higher cerebral operations resulting in ideas, which do not prompt to motion." Dr. Ferrier has found that the application of faradic electricity to the corpora striata calls forth almost universal muscular movement, especially, however, amongst the flexor muscles; that similar stimulation of the corpora quadrigemina produces violent contraction of the extensors; and that the cerebellum largely controls the movements of the eye-balls, by virtue of which power it probably exercises its special influence on the balancing movements of the body.—*Brit. Med. Journal.*

ESMARCH'S PROCEDURE FOR THE PREVENTION OF HÆMORRHAGE DURING SURGICAL OPERATIONS.

This method is being tried at most of the London hospitals, and is mentioned with strong approval by surgeons who have practised it. On the other hand, criticisms are not wanting, but these are mostly theoretical, and directed against detail; they do not attack the general principle. In fact, the essential advantage of the method—the prevention of hæmorrhage—has been sought by thoughtful surgeons for years past—notably by Mr. Hilton at Guy's Hospital. When about to perform amputation upon an anæmic subject, Mr. Hilton was wont to have the limb bandaged for some minutes beforehand with an ordinary calico bandage, from its extremity to the part at which the tourniquet was to be applied. He then kept the bandaged limb elevated until the commencement of the operation. This proceeding is of considerable advantage to the patient, though it does not render the tissues so thoroughly anæmic as when Esmarch's elastic bandage is properly applied. But, besides this primary object, the saving of the patient's blood, which Professor Esmarch's ingenuity has thus accomplished with a thoughtfulness

ever hitherto attainable, certain secondary bene-
ts are secured to the operator and the patient,
which were referred to in the *Journal* last week
p. 488). The deep parts of the wound are not
bscured by escaped blood. Hence the operator
uffers no interruption from the application of the
ponges; his view of the structures bordering upon
he line of incision is as unimpeded as it ever is
pon the *post mortem* table, and fewer assistants
re required. In cases where it is necessary to
listinguish healthy from diseased or dead tissues,
s in operations for the removal of necrosed bone
r of tumours, for the excision of joints, etc., the
hief secondary advantages of the procedure are
nost apparent. An instance of the kind, as will
e reported in another column, was mentioned by
Mr. Edmund Owen, of St. Mary's Hospital, at the
ast meeting of the Harveian Society. The princi-
al fears have not been realized, as far as present
xperience goes, though perhaps sufficient opera-
ions have not yet been performed to enable one
o speak confidently upon this point. If any un-
oward symptom has been observed, it is, perhaps,
tendency to slough which has been suspected
pon the part of the edges of the flaps in the cases
f amputation. Certain modifications have been
ractised by English surgeons in the mode of ap-
lication of the bandage and cord, to meet diffe-
ent contingencies. Of such adaptations, some
re mentioned in the accompanying report of the
ases in Guy's Hospital, in which this method of
perating has been adopted.

GUY'S HOSPITAL.

Esmarch's method for the performance of blood-
ess operations has now (October 27th) been used
wenty-four times. Nearly all the surgeons and as-
istant-surgeons have practised it since the first
ccasion of its employment during an excision of
the knee-joint by Mr. Howse on September 16th.
The 24 operations have been the following:—For
necrosis, 12; amputations of the thigh, 3; amputa-
tions through the knee-joint, 2; amputation of the
leg, 1; amputation of the arm, 1; excisions of the
knee-joint, 2; excisions of the elbow-joint, 2; re-
moval of exostosis from the first phalanx of the
index-finger, 1. The following varieties in its use
have been employed. In one case of secondary
amputation through the thigh for compound com-
minuted fracture of tibia and fibula, no elastic ban-
dage was applied lest septic materials might be
driven into the general current of the blood, but
the India-rubber cord was simply used instead of
an ordinary tourniquet. In another case of similar
injury, a small bandage was first applied from the
knee downwards to the fracture, then the larger
elastic bandage from the knee upwards in the usual
way. Again, in the case of the exostosis al-
ready mentioned, Mr. Durham first bound separate-
ly the index-finger and thumb with a narrow elastic
bandage, and then included all the fingers and
thumbs in the wider bandage, with which the limb
was bound from the finger-tips up to the point at
which the elastic cord was applied. At Guy's, an
elastic cord or rope is substituted for the tourni-
quet, not the India-rubber tubing which is in gene-
ral use.

In five of the seven amputations, the edges of
the flaps have sloughed, one of the two which es-
caped the sloughing was the only one of the seven
cases not amputated under the carbolic acid spray.
For the removal of the necrosed bone and excision
of the joints, the advantage of the method has been
most evident, as it was also in the case of removal
of the small exostosis, before alluded to, where the
presence of blood would have much increased the
difficulty of the operation.

We shall at an early date publish further parti-
culars concerning this interesting subject.—*Brit.
Med. Journal.*

CLINICAL LECTURE ON CHRONIC AL-BUMINURIA.

BY PROF. AUSTIN FLINT, M.D.

GENTLEMEN: The topics which I shall present to you to-day embrace many features which are of much interest and importance, but which I shall be able to consider only in part. We have already considered acute desquamative nephritis, and now I wish to introduce for your consideration and study the different forms and manifestations of chronic disease of the kidneys. The existence of these affections is recognized by the changes which are manifested in the urine, and also by certain consequences resulting from renal disease. I wish to call your attention to certain points which will somewhat simplify and systematize your study, and I shall ask you to carefully read what has been written by some standard author or authors upon the different forms of chronic degenerative diseases of the kidneys, the effects which result from these different forms, and the circumstances which are involved in the differentiation, each from the others.

The most generally adopted classification of chronic diseases of the kidneys, or chronic Bright's disease, embraces four forms, namely: The large white kidney; the cirrhotic, or fibroid kidney; the fatty kidney, which some authors do not regard as a distinct form; and the amyloid, waxy, or lardaceous kidney. What effects do these different affections severally and collectively produce in the body?

These may be conveniently arranged in two classes: First, a diminished density of the blood due to a constant elimination of albumen in the urine. This undoubtedly is an important element

in the construction of the dropsy which is so constantly present in these affections; but I would not be understood as saying that the loss of albumen, and consequent reduction in density of the blood, is the sole cause of the dropsical manifestations.

The second class embraces effects which are due to the retention in the blood of excrementitious materials which should be eliminated from the system by the kidneys.

With the impoverished condition of the blood, which is in proportion to the loss of albumen, we have the dropsy, anæmia, and all those ulterior effects which arise from an anæmic condition; and with the second class, we have all the effects which arise from the morbid conditions of the blood caused by the retention of the excrementitious constituents of the urine.

The symptoms to which the latter of the two classes of effects give rise may be divided into the minor and grave symptoms. Among the minor symptoms are headache, nausea, and vomiting; looseness of the bowels; muscular cramps, etc. These are important symptoms, for the reason that they furnish evidence of a renal affection leading us to investigations which relate to the kidneys. More serious symptoms are those which denote inflammations, chiefly of the serous membranes; namely, pericarditis, pleuritis, and meningitis. Still graver symptoms are convulsions and coma. With this brief outline, I shall bring before you cases illustrative of chronic renal disease.

The first case is a girl æt. 18, a domestic. The countenance of this patient is quite typical. It is pallid, showing anæmia; and puffy, showing dropsy. There is a certain amount of anasarca present, not marked, but sufficient to show that the dropsy is diffused through the areolar tissue. A very reliable method of determining whether diffused dropsy is present or not, even in a very slight degree, is to make pressure over the sternum. If there be œdema, it can be recognized at that point. An important question to be decided now is, does the dropsy in the present case arise from an affection of the kidneys, or from an affection of the heart? It may be laid down as a general rule that, if there be much general dropsy, unaccompanied by difficulty in breathing, the dropsy can hardly arise from cardiac lesion. There is no evidence of heart-disease in this case. Examination of the urine gives a. s. g. 1018 acid; it contains considerable albumen, epithelial and granular casts and urates.

Let us now turn to the history of the case. Her family history is good. Patient is temperate; no evidence of specific disease. Two years ago—and this is a point of much interest—the patient had scarlet fever. It will be recollected that, while studying the acute form of Bright's disease, your attention was called to the fact that a great majority of the cases of albuminuria, or tubal nephritis, are cases in which the affection is a sequel of scarlet fever. It was also remarked that the acute affection rarely terminates in a chronic condition. But it seems probable that the case before us is a chronic affection, and that it dates its commencement from the occurrence of the scarlet fever; in other words, that we have here a chronic affection of the kidney following an acute tubal nephritis. Since she had the scarlet fever her feet, face, and body have occasionally become puffy, and the amount of urine passed has been sometimes quite scanty. Her face has never regained its natural color, and her strength has been very much diminished. She dates her present sickness at four days before her admission into the hospital. While in a profuse perspiration she sat down in a current of cold air, and she was seized with slight chill, with severe pain in the left side and afterwards in the right side. Upon admission the pulse was frequent, the temperature raised, and the respirations rapid. To-day a physical examination of the chest reveals fluid in both pleural cavities. Now a question of interest is, is this hydrothorax dependent upon the renal disease, or is it a case of double pleurisy? I do not hesitate to say it is a case of double pleurisy. It is a case of double pleurisy which proceeds from renal disease, without much general dropsy. With but little general dropsy, and with no disease of the heart, it is out of all experience to have as much dropsical effusion within the chest as in this case. This case may therefore be regarded as an illustration of the occurrence of chronic affection of the kidney following acute tubal nephritis, and also an illustration of double pleurisy produced by renal disease. Her pleurisy has been treated by the application of dry cups to the chest; she had, in addition, ten grains of quinine once a day, and pills of iron, aloes, and strychnia.

The second case gives us the following history:

Mrs. ——, æt. 33, English, and admitted to the hospital September 22d. Family history good. Patient was healthy until one year ago, when she began to suffer from attacks of dyspnœa without cough, which were probably asthmatic in character. Vomiting and œdema of lower extremities first occurred about six months ago. During the past two weeks she has suffered from some pain in the back, and her urine has been scanty and high colored. The vision has always been good. Upon admission the patient presented an anæmic appearance, the breath was short, and the appetite poor. Examination of the urine gave s. g. 1010, albumen and casts. Physical examination of the chest negative.

Sept. 26th.—Under the influence of diuretics and tincture of iron the patient's urine became more abundant, but giving same results by chemical and microscopical examinations.

Oct. 28th.—The patient does not pass much urine; complains of pain in her back and shortness of breath.

Upon physical examination of the chest, the area f cardiac dulness is found to be very much increased, and with this there is a murmur with the first ound of the heart at the base. The patient now as pericarditis, with considerable effusion of serous uid into the pericardial sac. There is considerble œdema of the lower extremities, and also onsiderable fluid in the abdominal cavity. Her ace does not show any dropsy, and there is but ight indication of its diffusion by making pressure ver the sternum. The question may arise here, this a case of pericarditis, the inflammation iving rise to the effusion into the pericardial sac; r is it a case of hydrops-pericardium due to the hronic renal affection? There is a slight, but a fficiently distinct friction murmur occasionally eard, and this sign, be it ever so slight, indicates ericarditis, with a single exception. Sometimes, hen there is a pleurisy of the left side, the action f the heart causes the exterior of the pericardial ac to rub against the pleural surface, causing a iction murmur with the cardiac rhythm, and this s called a cardiac pleural friction murmur. If the murmur were of this kind, it should be heard at he left lateral portion of the pericardium. But he friction murmur is more to the right, nearer to he base; it is superficial in character, being a light grazing sound.

Taking into account the existence of pericardial ffusion, there can be no doubt that the murmur lenotes pericarditis. Pleurisy can be excluded ecause an abrupt line of dulness denotes the oundaries of the distended pericardial sac, good esonence on percussion being found everywhere vithout these boundaries. A simple enlargement f the heart would not produce the dulness which s here found to extend above the base of the or-an. The increased space of dulness in cardiac ypertrophy is downwards and to the left. This atient is not suffering much pain, nor is pain a onstant symptom of pericarditis. Pain in this isease is sometimes extreme, and sometimes almost entirely wanting. We have, then, in this case nother example of serous inflammation developed n the course of chronic renal disease, belonging mong the grave secondary affections.

As regards the measures of treatment addressed o the pericarditis, in this case some soothing applitations should be made to the præcordia; a light oultice, or the water dressing covered with oiled muslin, and an abundance of flannel. If the kidneys are found to respond to diuretics, these are ndicated for a two-fold purpose, as follows: to eliminate urea, and to promote the absorption of the liquid in the pericardial sac. Rigid quietude is to be enforced. There is danger of sudden death by syncope on exertion in cases of pericardial effusion. The condition of the patient will not admit of the employment of the active hydragogues with a view to the absorption of the effused liquid; but if the kidneys do not respond to diuretics, saline cathartics, or perhaps the pulvis purgans, may be advisable. The patient should be well nourished. Digitalis will be likely to be useful by increasing the power of the heart's action.

The third case illustrates a condition associated with, but probably not dependent upon, the renal disease.

The patient's name is Miss C——, æt. 22. She was admitted to the hospital on the 2d day of September. Family history good. Since last May she has had more or less œdema of the lower extremities. The dropsy extended up the limbs, appeared on the face, and then about the body. She has had occasional nausea and diarrhœa. Exercise gives rise to palpitation of the heart and want of breath. This patient has a pallid countenance, but this is not as marked as when first admitted. Examination of the urine at the time of admission gave a low specific gravity, with albumen and granular and epithelial casts; subsequently, hyaline casts were found.

September 5th, hydro-peritoneum made its appearance, which has continued and somewhat increased up to this date, Oct. 30th; and at the present time there is, as you see, considerable œdema of the lower extremities. No œdema of the face. The question arises in this case, is this hydro-peritoneum due entirely to the renal disease, or in part to some other cause? Although we have evidences of renal disease, I am quite sure that there is some other affection to account for the hydro-peritoneum. The hydro-peritoneum in renal disease sustains a relation to the dropsy in other parts of the body. But the general dropsy in this case is not an important feature, and this leads us to conclude that the hydro-peritoneum is due to some other disease than the renal disease. It is probably due to disease of the liver—but the expiration of my hour prevents further consideration of the case.—*Medical Record.*

Treatment of Salivation by Atropia.—The patient, a woman of sixty-eight years, had had two attacks of apoplexy followed by hemiplegia of the left side. On being admitted into Dr. Ebstein's wards (Breslau Hospital) profuse salivation was observed. According to the patient it had begun a month previously. Atropia was administered internally without any effect. On the dose being increased the quantity of salvia diminished. Atropia (the sulphate) was then injected hypodermically, and after seven minutes the salivation was stopped. On doubling the dose the secretion was arrested for twelve hours. Dr. Ebstein explains the action of the drug through its influence on the permanent irritation of the secretory fibres of the salivary glands.

ON RECENT THERAPEUTICS.

Professor Prosser James, M. D., in a lecture reported in the *Medical Press and Circular*, has the following summary :—

No greater shock to ancient prejudices could well have been given than the proposal to keep fever patients in cold baths for hours; but it has been done, and the improvement has been measured by the thermometer. By cold baths it is to be understood that the water is to be a little cooler than the body of the patient, not that the contrast is too violent or the shock great. Here it is singular to note that the system called hydropathy has, after all, a rational foundation, though the excess to which it has been carried by ignorant charlatans has been as injurious as it was unscientific. The rational use of cool water in febrile diseases has been fairly tried in the London Hospital, and it is to be hoped that the profession will not abandon it to pretenders. I may add that where, as too often happens in private practice, there are many obstacles to the employment of prolonged baths, similar results may be obtained by assiduously and regularly sponging the surface.

Recent observations also go to prove that quinine possesses a considerable power of reducing the temperature in pyrexia, and the discovery enables us to see why it is sometimes so useful a remedy, and to measure its effect.

Another agent which recent research tends to prove possesses like properties is alcohol. In all its forms this has long been employed as a stimulant, and it will, perhaps, require further investigation to convince many that their sensations mislead them when they fancy it warms them. As to the medical use of alcohol, we have seen it go through a complete cycle of change, a circumstance that might well persuade us that it has not always been rationally employed, and that may also suggest doubts whether we even yet understand and appreciate its properties. Physiological experiment is probably leading us to the true method of employing it, and its power of reducing the temperature is an objective fact that may shortly receive its true interpretation.

The next remedy I cite is electricity. Assuredly we have lately made great strides in applying electrical influences to the cure of disease. The galvano-cautery is in many cases taking the place of the knife or of the hot iron. The silent, painless continuous current is made to effect what was vainly hoped for from the more obvious and painful shocks. We remove pain, get rid of effusions, nay, disperse solids by the galvanic current. No greater triumph of treatment can be mentioned than that involved in the removal of tumors by electrolysis. On the discovery of the great power thus placed in our hands, I applied it at once in cases of bronchocele, of large size, that had resisted all other treatment, and I am glad to be able to state that it was very successful.—*Med. and Surg. Reporter.*

A NEW OPERATION FOR ANEURISM.

At the time when the subject of aneurism is exciting a good deal of attention, the following history furnished by the *Philadelphia Medical Times* will be read with interest :—

"On Monday, October 13th, Dr. R. J. Levis performed, at the Pennsylvania Hospital, an operation so novel in its conception, so plausible in its theory, and, if it turn out successful, so important in its power of saving life, that it seems worthy of editorial notice. The case was one of subclavian aneurism, involving, it is believed at least to the extent of dilation, the innominate. Tying the artery has been thought by the surgeons who have examined the case to be of more than doubtful expediency, and Dr. Levis has carried out a procedure which he tells us has long been in his mind. As everyone knows, the late Charles H. Moore, surgeon to the Middlesex Hospital, conceived and put into execution the idea of introducing fine iron wire into aneurisms, to afford a nucleus about which clots should form. His practice has been followed in two cases, by Dr. Donville and Mr. Murray, both English surgeons. If we remember aright, in each of these instances the aorta was the artery involved, and the result was unfavourable.

"Dr. Levis's idea consists in the use of horse-hair, with the belief or expectation that it will offer sufficient obstacle to the blood current to cause coagulation, and at the same time, being animal in its nature and not apt to undergo rapid decomposition, like the catgut ligature, will cause no irritation and not give rise to suppuration.

"The horse-hair was introduced through a fine sharp needle canula, which was plunged into the sac. No difficulty was experienced in its introduction, and twenty-four feet nine inches of it were safely stowed away in the aneurism. In all probability this mass was driven in great part into the distal portion of the aneurism by the blood-current. Be this as it may, a marked diminution in the force of the pulsation of the aneurism and of the pulse of the wrist was at once induced. This has increased since the operation, the tumour has also gained greatly in solidity, the pain has lessened very much, and no unfavorable symptoms have resulted. As, on the other hand, the radial pulse and the aneurismal throb have never disappeared entirely, and as the dangers of suppuration of the sac are not yet past, it is too early to predict the result.—*The Doctor.*

ABDOMINAL SECTION FOR INTUSSUSCEPTION.

The paper on a "Case of Successful Abdominal Section for Intussusception of the Ileo-cæcal portion of the Intestines," by Mr. Jonathan Hutchinson, which was read before the members of the Medical and Chirurgical Society recently, opened up some questions in surgery on which the most diverse opinions are held, but the solution of which is of great practical importance. The report of the case, and a summary of the conclusions drawn therefrom, have already appeared in our columns; but the general merits of the case are sufficiently important to deserve further notice. Intussusception of the bowels is so rare, that it seldom falls to the lot of one man to see more than a few cases, but is at the same time so urgent when it does occur, that, unless the surgeon or physician is already *au courant* with the most advanced knowledge of treatment, the case may terminate fatally before he has determined the best mode of action. Hence the desirability of ascertaining the worth of any proposal which offers a safe and tolerably certain course. Although the recorded cases are widely scattered, a sufficiently large number may be found in surgical literature to furnish materials for something more than vague generalisations as to the diagnosis and the treatment of this affection. As it is, partly from the fact that few cases have come under the notice of any one man, and partly because the cases have fallen indifferently to physicians and surgeons, who naturally regard them from different stand-points, no definite conclusions have been drawn from the cases hitherto met with, and, as a result of the imperfect impressions thus acquired, different authorities have formed different opinions as to the best mode of treatment. Sufficient care has not been taken to differentiate the numerous varieties of the affection. Practically, the cases may be divided into colic, ileo-cæcal, iliac, and jejunal, and for each of these a different treatment may be required. For instance, the inflation of air, which has been lauded by some and condemned as useless by others, is evidently unfitted for cases of intussusception of the small intestines, and even for the very rare form in which the ileum is extended through the ileo-cæcal valve, from the physical impossibility of forcing the air beyond the valve. Clearly, the only cases in which this treatment can be of any avvil, are the colic or ileo-cæcal varieties, and even here it often fails.

Seeing, then, that there is a certain class of cases which cannot be cured by ordinary means, it becomes a question whether the operation of gastrotomy does not present a fair prospect of success in some cases. It is true that numerous objections may be, and have been, urged against its performance, such as the serious nature of the operation, the frequent presence of peritonitis, with adhesions which would prevent the reduction of the bowel, and the clinical fact that some cases, which were apparently hopeless, recover either by spontaneous reduction or the separation of the invaginated portion. To this it has been replied, that the operation is not more dangerous than the disease for which it is performed, and that a large number of autopsies have established the fact that peritonitis is by no means so frequent as is imagined, and that reduction is often not attended with any degree of difficulty. Moreover, before an operation is decided upon, it is desirable that the nature and seat of the intussusception be carefully made out by examination through the abdominal walls and by the rectum, and, by estimating the severity of the symptoms, to ascertain the real conditions, and to determine whether adhesions are likely to be present or not. It is therefore necessary to distinguish between an incarcerated and a strangulated intussusception. In the latter an abdominal section would be an unjustifiable interference with the processes of nature, and would almost inevitably be attended with failure from the presence of firm adhesions. In the former variety, however, provided that all milder measures had failed, it seems that the operation holds forth the only hope of life, more especially if the case be of long duration, and be gradually increasing, as, in such cases, owing to the smaller degree of compression, adhesive inflammation is less likely to have occurred in the folds of the invagination. It is evident, therefore, that the operation is strictly elective, and cannot be indiscriminately applied in all cases or undertaken with precipitancy, but only after the fullest consideration of the conditions likely to influence for good or for evil the ultimate issues.

As Mr. Hutchinson's statements that peritonitis is rare, that the bowel may easily be withdrawn even when it looks black and gangrenous, and that in young children the disease when left to itself is almost always fatal, are somewhat at variance with the opinions of most surgical writers on the subject, we must wait for more data before allotting to the operation of abdominal section for intussusception of the intestines a settled and recognised place in practical surgery.—*Lancet.*

Subcutaneous Injections. — Dr. Constantin Paul recommends glycerine as a dissolvent for subcutaneous injections. He considers it to be far superior to water, alcohol, etc.; it is neutral, can be kept easily, and is, of all liquids, the one which approaches the nearest to the composition of subcutaneous cellular tissue. Glycerine is, indeed, almost a normal substance for cellulo-adipose tissues.—*Lancet.*

Action of Valerian in Diabetes.—Dr. Bouchard, of La Charité Hospital, has been making a trial of valerian in diabetes. In diabetes without sugar the medicament did not seem to diminish the quantity of urine, but azoturia was obviously amended. The quantity of urea discharged in the twenty-four hours was much diminished; it decreased from forty-five grammes (about eleven drachms) to ten grammes (two drachms and a half). The same results were observed in diabetes mellitus. In these cases, when there existed azoturia together with glycosuria, the quantity of urea always diminished under the influence of valerian. In some cases there was less excretion of water and sugar; but these effects seemed uncertain. But decrease in the production of urea was invariable. Valerian therefore prevents de-nutrition, and may be considered a saving medicament (*médicament d'épargne*). Dr. Bouchard, in respect to this latter quality, quotes the customs of various Indian tribes, among whom the warriors, during a month previous to going out to fight, make use of valerian in every shape—in baths, in frictions, and internally. They ascribe to the substance the strength and courage which they feel in going through long marches, fatigue, and privation of food. This property of valerian has been observed in arsenic and bromide of potassium. Dr. Bouchard commenced with weak doses, which he gradually increased to one ounce of extract of valerian without noticing any inconvenience.

Extraction of Renal Calculus More Than a Century Ago.—In a rather scarce book called "Mem., Maxims, and Memoirs, by William Wadd, Esq., F.L.S., Surgeon Extraordinary to the King, London, 1827," I find, on page 24, the following note or memorandum:—"Mr. Paul, a surgeon at Stroud, in Gloucestershire, lately extracted from the kidneys of a woman, by an incision through her back, a rough stone as large as a pigeon's egg, and made an entire cure. It is the first of the kind ever performed in this kingdom.—*Gen's Magazine*, Aug., 1733." This struck me as so extraordinary, and, in view of some recent cases and articles in your medical journals, so interesting, that I thought perhaps you might think it worth a place in your journal. Should you desire it, I might send you some other curious reminiscences from this same book.—Pooley.—*N. Y. Rec.*, Oct. 15, '73.—*The Clinic.*

For Chafing of Infants.—Take of powdered starch two parts, white oxide of zinc one part. Make a fine, well mixed powder. Dust the abraded places with the powder, after proper cleansing.

Sir James Paget says the best wash for hardening the skin to prevent bed-sores, is one part of sweet spirits of nitre to three parts of water.

AN INSTRUMENT FOR THE REMOVAL OF RETAINED PLACENTA.

Dr. Adolph Rasch, at the last meeting of the British Medical Association [*Obstet. Jour. of Great Britain*, Oct., '73.] advocated mechanical procedures for removing the ovum in those cases of abortion in which ergot and cold failed to arrest the hæmorrhage, and the tampon has been given a fair trial without bringing away the contents of the uterus. In most cases this can be done by the fingers in the vagina, aided by outward fixation of the uterus. But still cases occur where the retained placenta can be touched but not brought down, and where prolonged and dangerous hæmorrhage makes a speedy removal imperative. The instruments contrived for that purpose seem to Dr. Rasch to all have the fault in common that the operator does not feel what he has hold of. His instrument is a sensitive forceps, one half of which consists of the index finger, the other half of a scoop, with a finely toothed bowl just large enough for the tip of the index finger, on which it is to be introduced through the os. The scoop is pushed up on the outer side of the placenta, the index finger guiding, and at last pressing the latter into the bowl. Three fingers of the same hand perform, by pressing the stem into the hollow of the hand, what is necessary to transform this single blade, or half forceps, into a complete one. Thus all danger of injuring the uterus is obviated, and a firm purchase of the placenta or membranes effected. After five years' trial Dr. Rasch warmly recommends his simple and cheap instrument.—*Northwestern Med. and Surg. Jour.*

Skin Diseases.—Dr. L. D. Bulkley uses in skin diseases an alkaline solution of tar. The prescription is as follows:

℞.—Picis liquidæ,	ʒij.
Potassæ causticaæ,	ʒj.
Aquæ destillatæ.	ʒv.

M. ft. "*Liquor picis alkalinus.*"

He adds:—"I have used this very extensively in the treatment of skin diseases, and with results highly satisfactory; and a number of my professional friends have employed it with advantage also."

Sugar bnd Magnesia an Antidote to Arsenic.—The *Mouvement Medical* relates various experiments conducted by Mr. Carl, with the result of showing that sugar, mixed with magnesia, may serve as an antidote in cases of poisoning by arsenious acid, in which cases, too, the internal use of hydrated magnesia is most valuable.—*Lancet*, August 2, 1873.

DIAGNOSIS BETWEEN GENERAL PARESIS AND PROGRESSIVE LOCOMOTOR ATAXY.

BY W. H. O. SANKEY, M.D., LOND.; F.R.C.P.

(Lecturer on Mental Diseases at University College.)

I have formerly, when speaking of the diagnosis of general paresis (or general paralysis of the insane), satisfied myself with but a slight allusion to locomotor ataxy; believing that the phenomena were sufficiently distinct in character in each of these diseases to prevent any confusion between them, and such, indeed, is the case in a large majority of the examples met with.

The word ataxy literally means want of order, and, when applied to movements, it is called locomotor ataxy; a condition of such ataxy is met with in the insane occasionally as a symptom, and occurs as an accidental complication, just as we have also various other kinds of derangement of the nerve-function, as anæsthesia, convulsions, partial and local paralysis, &c. I think that in some of such cases the ataxy has been engrafted upon the mental disease; in others, perhaps the insanity has occurred in an ataxic individual. I had a patient whose ataxic symptoms were strongly marked, and could, I think, be traced to a cause occurring subsequently to the attack of insanity. The patient was taken with the usual symptoms of melancholia with suicidal propensities, and she succeeded in throwing herself out of her first floor window, she fell vertically upon her sacrum. Ataxic symptoms gradually appeared and increased, and she died about thirteen years after the commencement of the insanity. In a second case, the history, as gleaned several years after the events occurred, seemed to show a similar origin and course. But it is not so much perhaps these cases, with ataxy occurring symptomatically, which would put on the appearance of general paresis; but rather certain forms of the disease which have been variously named, but which is best known perhaps by its appellation of progressive locomotor ataxy.

I am fully disposed to believe that many cases of true locomotor ataxy have been considered to be general paresis. The diagnosis is easy enough when there are no cerebral symptoms; but, if any degree of mental disturbance existed in a case of ataxy, a mistake might be readily made. Some years ago, every case showing a degree of imbecility with impaired powers of locomotion, would have satisfied the diagnosis of general paresis, and such cases would have been sent into the asylum. The removal of many of these cases into the asylums has taken them from the observation of the general and hospital physician, and thus their frequency is not known to him; while the asylum physician, seeing chiefly another phase of the disease, is less likely to recognise the true relationship of his cases with those described without mental disturbance. I have of late met with several cases of progressive locomotor ataxy which, at the first glance, might be easily taken for cases of paresis; and some of them, indeed, have been so diagnosed by very competent men. I feel it to be the more important, therefore, that I should point out the distinction between these two diseases; and the diagnosis is of some consequence, for the future progress and duration of them differs considerably. The expectation of life in general paresis is from two to five years, while some cases of ataxy extend over ten, fifteen, and twenty years.

To avoid repetition, I will, in what is to follow, use the word ataxy instead of progressive locomotor ataxy, and paresis instead of general paresis (or paralysis) of the insane.

As I have already said, in typical cases without any mental disturbance, ataxy would not resemble paresis at all. The peculiar form of delirium, on the other hand—the *delire des grandeurs*—would, by its presence, pretty nearly decide that the case was one of paresis; but the fact is that, in certain cases of paresis, and in a certain stage of that disease, this symptom is not well marked.

There is also much variation in the symptoms of the disease, progressive locomotor ataxy. I will therefore give you a sketch of the forms in which it is to be met with, following M. Topinard in his work on the subject. I must premise, however, that what he describes is the disease as found in general hospitals. Nevertheless, he says that cerebral disturbance existed in several cases, and impairment of memory in one-tenth of the whole; and this I believe to be below the mark of cases generally. Earlier writers insisted much on the presence of certain symptoms as essential to the diagnosis of ataxy, such as the inability of the patient to walk blindfold; and some considered that the case was not ataxy without this symptom. More recent writers give the disease a much wider range; and, indeed, they will tell you that that peculiar symptom is by no means a frequent one.

M. Topinard, in his work *L'Alaxie Locomotrice*, makes a summary of the phenomena observed in 150 collected cases. I will quote his description at length, by way of presenting you a contrast to the account given in a former lecture of general paresis. He arranges the whole of his cases in ten groups; and those who have seen much of ataxy will readily recognise most of these typical forms. In our clinical meetings I shall be able to show you several of them.

M. Topinard's arrangement is as follows:

First Type.—The patient is ataxic in the lower or upper extremities. He staggers, and is more awkward when he closes his eyes, and there is little more than this to be observed.

Second Type.—Besides the above phenomena,

the patient is not conscious of the movements he executes, or of the position of his extremities, and has some cutaneous anæsthesia.

Third Type.—The patient is ataxic more or less manifestly. In most cases there are pains in the back, a little numbness, some rétention of urine, and more or less true paralysis, etc. But the symptoms are rigorously confined to the lower extremities.

Fourth Type.—The patient is plainly ataxic; besides which, he has in his lower extremities excruciating nerve-pain (likened to the pain of toothache), of which the commencement may be traced sometimes to several years back; then come numbness, dulness of sensibility limited to the lower limbs, loss of sexual appetite, and pelvic complications (as want of control over the rectum and bladder). In general, there is no lumbar pain nor paralysis beyond that which one might describe as muscular weakness.

Fifth Type.—The nerve-pain (pain like toothache) continues some years, constituting, as in the previous type, a first stage of the affection; then there added ophthalmic phenomena (amaurosis, diplopia, etc.); then follow embarrassment in speech, and even slight deafness or hardness of hearing, either transient or persistent. Next come anaphrodisia, and at length pelvic complications, which make up a second period. The numbness, ataxy, cutaneous and muscular anæsthesia (both more or less marked) attack the lower extremities. The commencement of the disease is insidious, its course irregularly progressive, and its duration indefinite.

Sixth Type.—The phenomena are the same as above (type 5), with the exception that the symptoms, or at least the principal symptoms, which characterize the first period, disappear in the second stage; thus suppressing or considerably diminishing the severity of the early symptoms.

Seventh Type.—The course and progress are the same as in the above, except that the commencement of the case showed itself by cerebral or spinal symptoms of acute or subacute pain; the evolution of the disease continuing in other respects as in the two previous types.

Eighth Type.—The same phenomena as the above, except that the course of the disease is interrupted by cerebral and spinal complications.

Ninth Type.—The same course as in 5, 6, 7, 8, only a complete or incomplete paralysis is added.

Tenth Type.—Obeying the course laid out in type 5, the case runs a more rapid course, and terminates by an absolute paralysis. (*De l'Ataxie Locomotrice*, par Dr. Topinard, Paris, 1864).

Now, bearing in mind the phenomena as they present themselves to us in general paresis, and comparing them with the symptoms as given in M. Topinard's summary of locomotor ataxy, it would seem (I cannot in the present state of our knowledge use a stronger term) that the one set of phenomena began at one pole of the nerve-centres, and the other at the opposite; the phenomena of the one belong chiefly to the cerebral, and the other to the spinal, system. While the phenomena are thus polarized, they appear distinct, and the differences can be readily observed; but as the disease extends, the one, as it were, from below upwards, and the other from above downwards, the symptoms tend at the same time to assimilate or become of mixed character. There is, I think, in most cases of paresis at some stage a certain amount of ataxy or want of order; while on the other hand, in cases of ataxy there is some degree of paresis or want of power, and in not a few some mental imbecility, amnesia, stammering, and imperfect articulation, which give a case a kind of resemblance to one of paresis.

The history of the cases, however, will enable you to distinguish between these diseases, even at their most resembling period. In paresis, the mental symptoms are always present, and always precede the motor phenomena (if the motor symptoms ever precede the mental, as they are stated by some to do occasionally; it is certainly very exceptional). The first symptoms in paresis are chiefly cerebral; viz.: mental excitement, great garrulity, noisy hilarity, bragging, early violence of behaviour, and very usually some exhibition of libidinous conduct; and on the subsidence of excitement, the mind is found to be weak, and the motor phenomena gradually make their appearance.

On the other hand, in ataxy, to describe the case most likely to be confounded with paresis, the commencement is in the spinal functions. There is first an attack of pain of some remote part—of pain likened to the pain of toothache—occurring most frequently in the lower extremities, and dating several years back, considered at the time perhaps to be rheumatic; this pain is worse toward evening, or when the patient is not mentally occupied; it may improve or disappear for a time and return. Then follows a slight degree of numbness of the part; the patient feels as if he trod on wool; occasionally "pins and needles" attack the part; in fact, these phenomena which we have all experienced after sitting in an awkward position, when one's own leg has "gone to sleep." There is, as most of us know, want of feeling, want of recognition of the member, especially as to its size, and even its ownership, then atrocious pain and pins and needles. In the disease, on the subsidence of pain, the patients exhibit some awkwardness in gait; the ataxy or want of order in the movement is evident. These symptoms may extend over ten or twelve years with very little change. Except, perhaps, increasing awkwardness in gait, there is doubtless some numbness of the cutaneous surface in the course

of the disease; the phenomena appear to spread upwards by involving the functions of the nerves higher up; the erection of the penis, and soon afterwards the sexual appetite are lost, and the disease ascends; the expulsory power of the bladder and rectum become impaired. All this occurs while little change takes place in the mental functions; but in other cases the mind appears imbecile, the memory is affected, and there is distinct alteration in behaviour and conduct; but there are no lofty ideas, no excessive excitement and garrulity, and in no case have I met with paroxysms of violence or libidinous ideas.

The differences may better seen in a tabulated form.

Paresis.	*Ataxy.*
Runs its course in a few years.	Is much slower usually, and may last ten or even twenty years.
Commences with mental symptoms.	Commences with pain in a distal nerve.
Is attended with libidinous ideas.	Is attended with absence of sexual feeling.
The motor symptoms are secondary in the order of time.	The motor symptoms are the primary phenomena.
Is only rarely complicated with pelvic difficulties.	Pelvic symptoms are a prominent feature.
There often is great violence.	The mental phenomena are imbecility and impaired memory.

—*Brit. Med. Journal.*

CLINICAL LECTURE ON A CASE OF PLEURISY.

BY GEORGE JOHNSON, M.D.,

Physician to King's College Hospital.

T. L., aged 16, an errand boy, was admitted under my care on June 18th. On June 9th, he left off his waistcoat, and in consequence, got a chill. On the 12th, he first felt pain in the left side, of a dull aching character. The pain was increased by exertion and by a deep breath; and being unable to continue his work, he went home to bed. The pain continued; and he lost his appetite, and felt weak. On the 18th, when admitted into the hospital, the left side of the chest had a rounded form, the intercostal spaces bulged, and the ribs were nearly motionless. The left side measured 14½ inches, the right 14 inches. The heart was seen and felt beating to the right of the sternum. The whole left side was dull on percussion from base to apex. No respiratory sound was audible, except an indistinct and distant blowing near the spine. Vocal fremitus was absent. On the right side, there were normal resonance and puerile respirations. Respirations 34; pulse 120; temperature 101.4; urine normal. The boy had a pale, delicate, and emaciated look, and a malar flush on the face. Here we obviously had to deal with a very copious liquid effusion into the left pleura; and, after watching the case for a few days, I determined, for reasons which I will presently explain, to have the liquid withdrawn.

On June 26th, the house surgeon, Mr. Duncan, introduced a fine canula through the ninth intercostal space in a line below the angle of the scapula, and drew off with an aspirator forty-one ounces of opalescent fluid. The wound was then closed, and no air admitted into the pleura. The admission of air into the pleura, if it do not increase the risk of suppuration within the cavity, certainly tends to compress the lung, and so to impede, if not entirely to prevent its expansion after the removal of the liquid. Within a few minutes after its removal, the liquid formed a firm gelatinous coagulum. The withdrawal of the liquid was attended with immediate relief to the breathing.

Two days afterwards, the left side of the chest had regained its normal form and size, and its movement was nearly as free as that of the right. From that time his progress towards recovery was continuous and rapid; the normal resonance and respiratory sounds gradually returned; and last note of him, on July 21st, just before he left the hospital, was to the effect the only remains of abnormal physical signs were some dulness on percussion and feeble respiration below the angle of the left scapula, the result, probably, of false membranes over that part of the lung.

Now, I wish to point out to you that there are two conditions which greatly impede the absorption of the serous effusion of pleurisy. These are, 1, so copious an effusion of liquid as to distend the pleural cavity; 2, a thick layer of unorganized fibrin covering the surface of the pleura. A very copious liquid effusion impedes absorption, partly by obstructing the flow of blood through the compressed lung, thereby causing a general fulness of the systemic veins, including, of course, the bronchial veins; partly by directly compressing the subpleural veins, thus retarding the return of blood, and causing capillary engorgement beneath the pleura. When the pressure of liquid is sufficient to cause bulging of the intercostal spaces, such as occurred in this case, it is obvious that the intercostal venous circulation must be seriously impeded. The mechanical withdrawal of a sufficient amount of the liquid effusion to relieve tension of the cavity and remove pressure from the lung, and the veins beneath the pulmonary and the costal pleura, will usually be followed by a quickened absorption of the liquid which remains in the pleura. In like manner, when anasarcous swelling of the legs has rendered the skin so tense as to impede the return of blood by the veins, and thus to favour the increase of the dropsical swelling, the discharge of some liquid through the skin is usu-

ally followed by the absorption of a further portion of the dropsical effusion, which entering the circulation, exerts a diuretic influence upon the kidney, and excites a copious flow of urine.

There is no difficulty in understanding that a thick layer of fibrin covering the surface of the pleura, and therefore interposed between the subpleural vessels and the liquid effusion, must greatly impede the absorption of the liquid. In some cases of pleurisy, with copious liquid effusion, the pleura has been covered by firm unorganized fibrin from a quarter to half an inch in thickness. Now I wish to show you that an exact knowledge of the mode in which a thick layer of fibrin is formed upon an inflamed pleura affords a powerful argument for early tapping in cases of pleurisy with copious liquid effusion. The explanation which I am about to give you applies to the formation of false membranes upon the pericardium and peritoneum, as well as upon the pleura. In the first stage of inflammation, the serous membrane is roughened by a thin layer of exuded lymph; in the next stage there is an effusion, more or less copious, of an albumino-fibrinous liquid. Then the subsequent thickening of the false membrane on the pleura occurs by successive deposits of fibrin from the liquid effusion upon the previously exuded and deposited lymph. The process is exactly analogous to that which occurs on the surface of an inflamed cardiac valve. The endocardium being roughened by a scanty exudation of lymph, there occurs a subsequent deposit of fibrin from the blood upon the damaged valve, and thus the so-called warty vegetations are formed. The fibrin coagulates and is deposited upon any part of the endocardium which has been roughened by inflammation, as it coagulates and concretes upon a wire or other foreign body introduced within the vessels of a living animal.

The liquid effusion of pleurisy may be looked upon as blood minus its red corpuscles. We have seen that the liquid drawn from our patient's chest quickly clotted into a gelatinous mass; and this coagulation, which occurs rapidly after the removal of the fluid from the chest, often takes place gradually within the chest, upon the roughened surface of the inflamed pleura. The explanation which I have given you of the process by which fibrin is deposited from the liquid effusion of pleurisy is in accordance with the fact that, while in cases of dry pleurisy the effused lymph is comparatively scanty, the very thick and firm false membranes occur only in association with a copious liquid effusion.

And now for the practical application of this pathological doctrine. It is obvious, that the longer the liquid effusion of pleurisy remains within the chest, the greater is the probability of a copious deposit of fibrin upon the roughened surface of the pleura, and the thicker this fibrinous deposit, the less is the probability that the liquid will be absorbed. These considerations, then, suggest the expediency of early tapping in all cases of pleurisy with a copious liquid effusion, and I have no doubt that the timely performance of thoracentesis in the case of our patient greatly promoted his recovery. If the liquid had not been pumped out of the chest, it is probable that the pleura would have become coated over by successive layers of fibrin deposited upon its surface; the result would have been a tedious convalescence, and ultimately an incomplete recovery, with more or less contraction of the side, the lung being bound down, and its expansion prevented by a thick and firm false membrane over its surface.—*Brit. Med. Journal*, Oct. 25, 1873.

ERGOT IN EPISTAXIS.

Mr. C., aged 37, civil engineer, applied to me in the latter part of May on account of bleeding of the nose, recurring daily, and sometimes two or three times a day. The amount of blood lost each time was trifling, but the resulting annoyance was very great. The patient, naturally of rather a delicate organization, was performing an excessive amount of mental labor, and his health had suffered considerably in consequence. Digestion was slowly and imperfectly performed, and he was much annoyed with flatulence disturbing his rest at night. Direct and rhinoscopic examination showed no abnormal condition of the nasal mucous membrane, except that the portion covering the septum on the left side was for a part of its extent unduly red.

A variety of astringents were applied locally by means of both the brush and the syringe, and such general treatment was resorted to as the symptoms demanded. This course was followed persistently for two weeks, when the general health had somewhat improved, and the congested appearance of the nasal mucous membrane, as far as open to inspection, had disappeared. Still the hemorrhages recurred as frequently as ever, being often apparently provoked by the very applications intended to prevent them. I then prescribed the fluid extract of ergot, twenty drops to be taken three times a day. This was continued for ten days, with the effect of entirely restraining the bleeding from the time the first dose was taken. The medicine was then omitted, but in a few days the bleeding began anew. It was immediately arrested by a return to the medicine, and has not since returned, the drug being continued at gradually increasing intervals for nearly a month, when it was entirely discontinued.—*Dr. Smith, in the Medical Record.*

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TORONTO, JANUARY 1, 1874.

PUBLIC HEALTH.

An Act entitled "An Act to amend the laws relating to public health," was passed in England on the 10th of August, 1872, the provisions of which may be briefly summarized thus: It enacts that from this date England shall be divided into districts, urban and rural. The Mayor, Aldermen and burgesses of a borough, the improvement commissioners of an improvement district, and the Local Board in a local government district, are to form the local sanitary authorities in urban districts, and the guardians of the union, with certain exceptions, in the rural districts. It shall be the duty of every urban sanitary authority to appoint a medical officer of health, and of every rural sanitary authority to appoint a medical officer, an inspector of nuisances, and other necessary assistants. The one clause which seems to point that this legislation is anything more than permissive, is the 18th, which gives power to the inspectors of the Local Government Board to attend any meeting of the local boards, with powers similar to those of Poor Law Inspector under Poor Law Act.

On the probable results of such legislation a writer in the *British Quarterly Review* for July, 1873, thus speaks: "It may be more conducive both to the political and to the personal tranquility of the hour, to leave England, nominally divided into sanitary districts, to continue its wonted apathy in the presence of dangers that affect health, and that are disregarded because they are not actually visible; but we cannot conceive a responsibility more serious than that which is involved in such a neglect, now that the need of administrative action has been admitted. While the government fails to ascertain the main laws of sanitary science, and of sanitary engineering, and to communicate to the country the experience which it has acquired, and to guide the several districts in the application of that knowledge, for every life that is lost by preventable disease, for every hour that is wasted in cases like those that have been cited (see paper quoted), the Minister of Public Health is responsible. It may not be a parliamentary responsibility, but it is one that will have to be encountered before a tribunal more searching than Parliament—the tribunal before which conscience pleads, and the verdict of which is recorded by posterity."

Mutatis Mutandis these remarks apply with equal force to the Dominion Government. "With the broadest margin for the independent action of the different local authorities, the discharge by the Government of the functions, which only a central authority can perform, is perfectly consistent. It is the duty of such an authority to define those great principles on which all sanitary engineering shall be conducted: to make clear the present state of definite knowledge attained by science, and to give asked or unasked, to every sanitary body, the normal plan by which its efforts should be guided. The central authority has the means, and alone has the means of acquiring the information which the country demands. It is its duty both to acquire and communicate it."

That there exists in this Canada of ours equal occasion for animadversion on the present perfunctory methods of providing against the spread of contagious diseases, of enforcing sanitary laws, and of registering births and deaths must be patent to all.

We require for successful operation uniformity of effort, and that uniformity enforced by the central or Dominion Goverment. We have had abundant evidence that the deliberations and action of city, municipal and village councils to meet the dangers often suddenly sprung upon them, have been but partial in their success; this failure in a great measure is attributable to faulty administrative arrangements. We consider it of the first importance that the laws regulating public health should be efficiently administered not only on account of the interests of the public, but also for the advancement of the most important of all sciences, *i. e.*, sanitary science.

The probability of the *amour propre* of gentlemen constituting existing boards being touched it

an *imperium in imperio* were established, should not for an instant weigh with the Cabinet of the Dominion when they have too good reason to know that the existing system is insufficient, and affording no satisfactory statistical results. It is not the want of pointing out what ought to be done in the exigency of small pox, infectious diseases generally, or paludal fevers, occurring in our midst that we have reason to complain of, under the present regime, but the want of arbitrary or military exactitude in enforcing the regulations they ordain. Any central board that might be appointed in Ottawa would probably consist of men in no particular the superiors of the members of our profession who have now seats at our local boards, but they would have the advantage of being removed from local influences, and of having supplied to them in the statistical reports of City, Town and Village Boards of Health the materials for forming a basis for future legislation.

No better illustration of the advantages accruing from rigidly enforced ordinances could perhaps be afforded than the following quotation from Guthrie on Diseases of the Peninsula : "The surgeon of a regiment learns the duty of a soldier in addition to that of a doctor, and a military surgeon ought to know the one just as well as the other. I remember a village on the great plain of the Guadiani, near Merida, in which three regiments were quartered in the sickly season of Autumn, when fevers prevail. Three rows of hillocks marked the last resting place of the dead on earth, and my attention was attracted by one row being much shorter than the other two. I found on enquiry that the regiments were very much of the same strength, and entirely under the same circumstances. The doctors were equally able; two were men entering rather on the middle period of life, the third was a very young man, and perhaps the worst doctor of the three, but the short row of tumuli belonged to him. I was very desirous of making this out, and after carefully visiting all the hospitals and quarters I ascertained the reason. He was the better soldier if not the best doctor. His hospitals were in better order, the material was more perfect, the labour bestowed on every part except in physic, was greater, and five per cent. at least of human life was the saving and the result. I never saw it otherwise."

We are instructed by universal experience that without health man is unfit for a successful discharge of his duties; the causes of bad health result from infringement of the organic laws, from impure air and water supply, noxious inhalations from latrines, sewers and factories, from imperfectly drained land, etc., etc. The remedy for the former rests with the individual, for the latter Government is clearly responsible. That legislators ought to provide to the utmost of their power for the public health may be argued on the common principle that national prosperity and national health are intimately connected. The advocacy of the cause, may by political, and probably some medical *quid nuncs*, be considered quixotic, but it must eventually succeed because it contains the elements of truth and the battle of science like that of freedom

> —"Once begun,
> Bequeathed, like it, from sire to son,
> Though baffled oft, is ever won."

INSANITY IN ITS RELATIONS TO CRIME.

We have just risen from the perusal of a very interesting monograph on "Insanity in its Relation to Crime," by Dr. Hammond of New York. The importance of this subject can scarcely be over-estimated, whether we regard it from the stand-point of science or social economy. The author treats it in a very clear and concise manner. The cases he has selected are from the jurisprudence of a foreign country, in order that there might be "entire absence of all disturbing factors." The cases chosen form the text and are followed by an interesting commentory. In each of the three cases referred to, the plea of insanity was alleged in behalf of the accused. Each had been guilty of murder, which was proven. In one the plea of insanity was ignored by the jury and he was promptly executed. In the other it was partially entertained, and he was found guilty "with extenuating circumstances." In the third the theory of mental alienation was fully adopted by the jury and he was set at liberty. It would have been a difficult matter to show that any one of these was more responsible than another, and yet a very different verdict was given in each case. Such inconsistencies show the great need of a fixed and definite principle by which all juries should be governed. "The great object of pun-

hment," the author remarks, "is chiefly the safety f society, and this is secured through punishment two ways.

1st. By the effect which it has upon the offend- g individual in intimidating him, in causing him suffer mental or physical pain as a sort of re- mpense which he owes to society for his crime; in placing him in such a condition that it will e impossible for him for a limited period, or ever gain, to break the laws.

2nd. By the example which is afforded to others ho might feel inclined to commit crimes, but hose vicious inclinations are kept in check by ie certainty or probability of the law taking hold them should they pass the prescribed bounds."

In providing for its safety, society to a great ex- nt, disregards the natural rights of individuals; fety for the property and lives of the majority is paramount importance and therefore the offen- er is fined, incarcerated or put to death, accord- g to the nature or extent of his crime. The one eat object is to act upon others by the force of ex- nple and to deter them from similar crimes, and ot so much for the purpose of avenging the vio- tion of the law. It is a well-known fact that any of the insane possess great powers of self- ntrol, and are quite capable of being influenced the promise of rewards or punishments. In- ed many of the worst asylum patients, may be proved in their conduct, mind and character by ing rewarded when they deserve commendation, d punished when they incur censure, and the me is true of the insane outside of the asylum. ive them to understand that they cannot commit crime without punishment following it, and a wer is brought to the aid of their wavering in- llects; but if on the other hand, they gain the e impression that they, being of unsound mind, e not responsible for what they do, they will ake no effort to control their morbid impulses.

The knowledge that an act is right or wrong d contrary to law carries with it responsibility d the man must be held accountable whose acts d declarations prove him to be possessed of such owledge. Ignorance of the law is no excuse; e safety of society demands that all should be quainted with the laws of the land in which they e. The individual who has intelligence enough know that firing off a loaded gun or a pistol at a low being or striking him over the head with an e, are acts which may cause death, should be held as strictly accountable for his actions as a sane person guilty of a like offence.

The existence of a delusion is regarded as evidence of insanity and this is often pleaded in defence, but the delusion to be a valid defence should be of such nature that if true it would excuse the crime. If an individual should entertain the delusion that some person was attempting to take his life and kills him in self-defence then the homicide would be excusable on the ground of insanity. Delusions which lead to deliberate and premeditated homicide should be punished with the extreme rigor of the law. Such treatment would produce a wholesome and salutary check upon crimes of this kind.

Emotional or temporary insanity is another plea that is often set up by shrewd lawyers to screen the guilty from just punishment, and one that is sometimes successful, although it is a violation of of every principle of mental science and common sense. It is impossible for a person to be insane during the commission of a crime and sane immediately before and after. All such cases should be carefully investigated. The preceding and subsequent circumstances, as well as those attendant on the act should be carefully weighed, before determining the sanity or insanity of the individual.

Apropos of this subject is the case of Fox who was tried at Peterboro in November last for the murder of Mrs. Payne and the boy Doughty. The plea of insanity was urged on behalf of the prisoner. He was examined in regard to his state of mind by Drs. Kincaid and O'Sullivan of Peterboro, Dr. Bingham of Warsaw, and also by Dr. Workman, Superintendent of the Lunatic Asylum, Toronto, and Dr. Dickson, of the Rockwood Asylum. These gentlemen were all of opinion that he was simulating insanity, and that though somewhat eccentric in his manner, he knew perfectly well the nature and extent of the crime he had committed, and its consequences. Many of the facts brought out in evidence showed that he had command of his reasoning powers both before and subsequent to the commission of the crime. He was convicted of murder and suffered the extreme penalty of the law on the 22nd of December.

The following additional sums have been received in answer to our appeal in the November issue:—
Dr. Henderson, Arthur, $2; Dr. Hillary, Aurora, $1

TORONTO EYE AND EAR INFIRMARY.

The Sixth Annual Meeting of the subscribers to this Institution was held at the Infirmary, No. 21 Adelaide st. West, Tuesday evening the 23rd December.

From the report of the Directors we see that the Infirmary is increasing in usefulness from year to year. The date of the Annual Meeting having been changed from June to October, the Directors and Surgeons have brought down their report to October 1st, embracing a period of 16 months. During this period 510 cases were admitted, 87 as *intern* and 423 as *extern* patients.

This, we learn, is an increase of 151, or about 42 per cent. over the previous 16 months. There were 386 eye patients, 108 ear patients, and in 16 cases the disease was not registered.

The results of treatment are as follows: Diseases of the eye, cured, 130; improved, 150; relieved, 11; disease unknown, 95. Total, 386.

Diseases of the ear, cured, 35: improved, 46; relieved, 7; disease unknown, 20. Total, 108. Not registered, 16.

Classification of diseases of the eye: Eyelids' 83; lachrymal passages, 13; conjunctiva, 116; cornea and sclera, 109; iris and chorid, 14; retina and optic nerve, 16; vitreous body, 2; crystalline lens, 22; ocular muscles, 4; eyeball, 5; sympathetic diseases, 2. Total, 386.

Diseases of the ear: Ext. Meatus, 27; middle ear, 70; eustachian tube, 11. Total, 108. Not registered, 16.

There were 107 surgical operations performed; 27 of which were for cataract. The operation preferred by the surgeons for hard senile cataract is Liebreich's flap downwards, with a small iridectomy. Nine patients were operated upon by that method, and in two cases both eyes were so treated, giving eleven operations. There were no total failures, In one case a subsequent operation for occlusion of the pupil had to be resorted to. In another case the operation was successful, but the eye being amblyopic, vision was very little improved. In a third case (an old woman aged 82) the operation was successful, but a needle operation will be necessary to divide a slightly opaque capsule. In a fourth the result is given as simply "improved." In the remaining cases more satisfactory results were obtained, the patients regained good vision and were able to read newspaper type with cataract spectacles.

The meeting was brought to a close by a hearty vote of thanks being tendered to A. T. McCord, Esq., President; to W. T. Mason, Esq., Secretary, and to Drs. Rosebrugh, Reeve and Coleman for their gratuitous services. At a subsequent meeting of the new Board of Directors the following appointments were made: Dr. Rosebrugh, Surgeon; Dr. Coleman, Assistant Surgeon; Drs. N. Agnew and W. H. Miller, Clinical Assistants.

FINANCES.—Bills, stating the amount due from each subscriber, will be enclosed in this number and we hope our friends will not overlook them. The majority of our subscribers require only to be reminded regarding such matters, and many remit without any notice whatever; but there are others to whom we shall be under the necessity of appealing with considerable earnestness, if they still continue to disregard our claims. The demands of our paper-manufacturers, printers and binders are constantly pressing upon us, and must be met. We trust, therefore, that those of our subscribers who are in arrears, and especially those who have never yet contributed anything to the support of the LANCET, will remember us in this season of "compliments and happy greetings," and immediately remit the small amount due.

LEEDS AND GRENVILLE MEDICAL ASSOCIATION.—A meeting of the profession in the above counties was held at Brockville, on the 22nd ult., for the purpose of forming a Med. Association, and to take into consideration the proposed Amendments to the Medical Act. Dr. Morden was chosen President; Dr. Addison of Farmersville, and Dr. Wallace of Spencerville, 1st and 2nd Vice-Presidents; Dr. Elkington, Secretary, and Dr. J. E. Brouse Treasurer. A General Committee was also appointed, consisting of Drs. Scott, Giles and Spafham, and the officers, who were to be *ex-officio* members of said committee. Dr. Addison gave notice of the following resolution for next meeting.—That this Association disapproves of the annual taxation of the medical men of Ontario, as proposed in the Medical Bill, sub-section 4, section published in the October number of the *Lancet*.

THE CANADA LANCET:

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MEDICAL AND SURGICAL SCIENCE.

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Original Communications.

CHARLATANISM.

BY GEORGE GRENIER, M.D.

Translated from *L'Union Medicale du Canada*, by Thos. R. Dupius, M.D., etc., Kingston.

Concluded.

Having shown the improprieties and dangers arising from the use of secret remedies, we shall now resume the subject of French legislation on this matter, and proceed to point out the advantages which this country would derive from the adoption of that system. The measures applied in France are certainly very efficacious and strike at the root of the evil, and it would be well for us to put forth our strongest efforts to obtain similar acts from our legislature.

If we are not quite satisfied that the time has fully arrived for the suppression of all these secret remedies that are kept on hand ready prepared, and recommended for the cure of so many diseases, we ought, at least, to deprive them of their mysterious character, as it is from this, chiefly, that most of their popularity arises. The *Medical and Surgical Reporter* of Philadelphia has for a long time past, been publishing formulas of these medicines, which were obtained either from analysis, or from the patent office. To those acquainted with the nature of these compounds, it is scarcely conceivable how men can be such fools as to go to the trouble of obtaining patents under different names, for mixtures of which the composition is, generally, so nearly alike. Parties who do so must have their minds made up to obtain their living by imposture, or else they must be wholly ignorant of the simplest rudiments of the science of medicine. We will suppose, for charity sake, that most of them are in the latter condition. Those having seen some of their friends restored to health under the use of some particular remedy —it may have been either by its influence, or by the *vis medicatrix naturæ*—at once suppose that they have made a grand discovery, and really deceive themselves, while they are deceiving others in respect to it.

The only argument of any weight that can be brought forward in defence of our actual system is, that it may be convenient for families, and especially those which are situated at a distance from centres of population, to have a variety of simple remedies within reach, to which they can easily have recourse in sudden attacks of disease.

We admit this to be true, but at the same time affirm, that *patent medicines* fulfil that requirement very imperfectly indeed. For, in the first place, it is extremely difficult to make a judicious choice among them, on account of their all being proclaimed sovereign remedies for nearly all diseases, with a view of increasing their sale; and in the next place it is uncertain and indemonstrable whether they possess the powers attributed to them or not, because their composition is unknown. All unknown medical compounds are potentially dangerous, and therefore the community should be protected against them.

If we cannot deprive people of the privilege of buying such remedies, we might at least compel the manufacturers of them, to place the names of the ingredients, of which they are composed, upon their labels. Public opinion would, by this means, be enabled to exercise such a degree of control over them, that the entirely useless and injurious ones would ultimately disappear.

Persons who are in the habit of physicking themselves with these sort of remedies, and persons living in retired places who believe it necessary to have such at hand, would not be deprived of them by the foregoing arrangement.

Those who are fond of *friction* could have *friction* still, with Radway's Relief or Pain Killer.

Were the possibility of obtaining patents for their pretended discoveries taken from those parties, whose branch of industry is speculating in the ills of humanity, as it should be, they could still avail themselves of their trade-marks to protect their merchandise. Of course this measure would be unpalatable to such gentlemen, inasmuch as it would notably diminish the amount of their profits.

Once the nature of the materials entering into their compounds were known, the value which their mysterious character invests them with would be lost.

We do not make the above proposition with a view of favoring the existence of such remedies at all, but as a middle course that would have the effect of expelling dangerous remedies, and diminishing the sale, as much as the customs of the country will permit, of those which cannot yet be entirely prohibited. To give effect to any law interfering in this matter as we have recommended, severe penalties, in the shape of fines and imprisonment, would need to be inflicted on those who refused to comply with its requirements, or who practised deception with regard to the nature of their compounds.

In concluding, this part of our subject we may add that we consider it desirable to put an end to the obscene advertisements that defile many of our newspapers, and which thus distribute among families subjects of thought, of which, it were better they should be always ignorant. It is impossible to regard, without feelings of indignation, the fact of otherwise respectable journals polluting their columns with advertisements really criminal! Do their proprietors ever reflect on the awful consequences for which they are responsible to society, and still more to God? But there is a very easy and practicable method of putting an end to these revolting abuses.

Let the Federal Government prohibit the transmission by mail of all papers containing those infamous advertisements, and they will soon disappear. In reference to this matter our neighbors are in advance of us, for at the last session of the U. S. Congress, an act was passed of which the following are the prominent features :—

The first clause enacts that, "Whoever sells, "lends, gives, or shows, or offers to publish any "obscene book, pamphlet, advertisement, circular, "image, model, instrument, or other object of an "immoral nature, or any medicine for procuring "abortion, or advertises such things for sale; or "shall write or print, or cause to be written or "printed any advertisement whatever, that shall "make known, when or how or from whom, or in "what way any of the above objects can be ob-"tained, manufactured, or printed for such pur-"poses, shall be guilty of a misdemeanor, and "shall, upon conviction thereof, be imprisoned in "penitentiary for not less than six months, nor "more than five years, or shall pay a fine of not "less than $100, nor more than $2,000."

The second clause prevents the transmission of the above objects by mail; and makes whoever forwards or receives them liable to be fined not less than $100, nor more than $5,000, or to be imprisoned at hard labor for not less than one year nor more than ten, or to undergo both penalties, at the discretion of the judge.

The third clause prohibits the importation of these articles, and empowers the custom house officers to seize them.

By the fourth clause every employer of the Government who allows the law to be violated is made punishable by the penalties enumerated in the second clause.

The fifth clause empowers all district judges to issue, on affidavit being made, a warrant to search for, seize and destroy any of the objects aforesaid.

This stringent enactment produced the desired effect; and the next day after its adoption all immoral advertisements were either suppressed, or wholly deprived of their offensive features. And why should we not obtain similar results here?

Persons ignorant of the enormous traffic carried on in those articles of a criminal nature, cannot adequately estimate the immense good to public morality which would accrue to us from the adoption of a similar statute. We are informed by the *N. Y. Medical Review*, that Anthony Comstock, of Brooklyn, in a letter to one of the members of Congress, enumerated the following articles as seized by him alone, in the space of a few months: Obscene images and photographs, more than 182,000; books and pamphlets of the same nature, more than 5 tons; obscene songs and catalogues, more than 21,000; watches, pen-knives, and rings, more than 5,000; steel, copper, and wooden plates, more than 1,000; stereotypes for obscene books, more than 5 tons; obscene playing cards, from 5,500 to 6,000; articles made of India-rubber, of an immoral nature, more than 30,000; lead moulds for the same, more than 700 pounds; newspapers, nearly 4,600; letters inquiring for the above articles, nearly 15,000; also in three months 50 arrests, and 13,000 names obtained of persons who trafficked in the foregoing.

The infamous dealers in this obscene merchan-

dise took various ways of circulating information respecting it. Lists of the names of persons to whom advertisements could be safely sent, were kept ready prepared as articles of commerce, and bought and sold; and fraudulent advertisements were resorted to by many as a means of bringing their books and other articles before the public. One dealer was in the habit of advertising that for fifty cents he would send an album, and when any one forwarded this amount, he received, by return of mail, a catalogue of obscene books, and a note informing him that the album was only a pretext to furnish him with this catalogue; but that if he wished to purchase any of the books enumerated therein, the sum he had sent would be placed to his credit. Sometimes an engraving of a celebrated person or renowned place was made the cloak under which were sent indecent pictures, catalogues of obscene books, and various other articles intended for immoral practices and for procuring abortions.

We have no reason to doubt that this infamous traffic is carried on in Canada on a large scale. We, ourselves, are acquainted with several persons who have been the recipients of some of those obscene books. The Royal Mail is thus employed in scattering the seeds of the most loathesome immorality amongst the cities, towns, and rural districts of our fair country! And will the government with an efficacious remedy on its own hand, and one that has been adopted in other countries, not endeavor to apply it, but remain indifferent in the face of these revolting abuses? How much longer shall we suffer a condition of things so utterly prejudicial to both the moral and material interests of our population?

We have extended these considerations of charlatanism to a much greater length than we anticipated; but the subject is of such importance, that we feel confident of the pardon of our readers, though we pursue it even a little further.

It remains for us now to decide upon the best means of ridding the medical profession of the parasites that are devouring it, and of protecting society against the various healers and charlatans, whose disastrous proceedings we are, to a certain extent, witnessing every day.

To accomplish this desirable object, we need in the first place professional instruction, secondly, instruction of the people, and finally, legal prohibition. Physicians are, by the nature of their duties, brought into contact with all classes of society, and hence, for the honor of their profession, they ought not to be inferior to any in education. If they would secure the respect which ought to be an accompaniment of their titles, both their special and general attainments should be equal to the high position in society which they occupy. Society, moreover, very properly demands that those who are guardians of the public health, should possess such qualifications as fit them for the fulfilment of this important mission. And the more fully society is satisfied that physicians possess such qualifications, the more unreserved will be its confidence in them, and the clearer will become the dividing lines between them and the ignorant empirics.

Everything which elevates the standing of the medical profession, must, therefore, have a tendency to repress Charlatanism. Far be the thought from us, that the existing body of medical men lack the necessary qualifications for the performance of their onerous duties. Thanks to the clergy, and to many devoted laymen, the Province of Quebec is well furnished with places for superior instruction, whence the youth can draw the principles of truth and virtue, at the same time that they are receiving a substantial and brilliant education. Thanks also to the devotedness of our ancestors, the existing generation of medical men have been able to acquire in our Medical Colleges, sufficient knowledge for the exercise of their profession, and such a course of training as, (if the difficulties of the task and the means placed at their disposal are taken into consideration), it must be acknowledged, could not have been made better. For, if in France, England and Germany, where classical and professional education are so complete, they are still endeavoring to make them more perfect, it would be astonishing if in a country as young as ours, there were not chasms to be filled up, errors to be abolished, progress to be realized. I order that physicians may be equal to their high position, and may by broader views and superior ideas be distinguished from charlatans, it is necessary, above all things, that every one intending to fill a physicians station, should undergo a rigid and thorough course of preliminary training. The general opinion of the profession at present is, that the existing system under which

Universities receive their pupils, is liable to serious abuses, and that it should be reformed in such a manner as to allow a body representing the whole profession, to exercise the power of subjecting professional aspirants to a thorough examination. And further, many are of opinion that the *medical* examinations should be conducted before a board composed partly of the profession at large, and partly of the professors at the Universities. Rivalry amongst teaching bodies, as a means of elevating the standard of medical education, would not be destroyed by this system; on the contrary it would excite in professors a spirit of emulation which would manifest itself by efforts to draw from their pupils proofs of the superiority of their teaching. For that final examination a knowledge of certain branches that are not yet included in the course of instruction prescribed by law, should be required, as Hygiene, Histology, Pathology, Practical Chemistry, Practical Medicine, and an extension of the time devoted to some others, especially Clinics. Most of the Universities have shown their appreciation of the utility of this course, inasmuch as they have adopted it of their own accord.

During the twenty-five years since the founding of the College of Physicians and Surgeons of Lower Canada, the circumstances of the country have undergone so great a change, that this institution no longer answers the wants of the profession and the public. The indifference of the profession in regard to it is nearly complete.

For a long time back hardly any person would become members of a body without power or life, and it is very probable that in a short time it will become entirely defunct for want of knowledge to adopt such measures as would quicken it with a renewed vitality. It needs to be reorganized on a broader basis, and so constituted that every physician shall be compelled, both by his own interests, and by the law, to become a party in it; and to it, then, should be given the control of both the classical and medical education of every one that aspires to become a member of our noble profession. Let the Province be divided into districts, and let each district elect one representative; let the Universities on their part furnish a certain number; and we should then have a body full of life and vigor, receiving at each election sufficient new material to re-animate and re-juvenate it.

Let this body possess, amongst its other powers, that of suspending or annulling the license of such of its members as dishonor the profession in a flagrant and public manner, that we may no longer be disgraced by having to acknowledge as confreres those who degrade themselves by culpable practices, or by the most bare-faced charlatanry; and to prevent an abuse of these powers, let their action, if deemed necessary, be guarded by making it requisite to obtain the approbation of the Lieutenant-Governor in Council to ratify it, in cases of this kind.

We shall not at present pursue the consideration of this matter any further, although the foregoing suggestions are worthy of being more fully developed; we will observe, however, that such measures as we have pointed out, would tend to strengthen the guarantees given to the public by the profession, and would place us in a position to demand with increased authority, that society should be more effectually protected from the imposters who take advantage of public credulty.

The success of quackery depends upon the credulity of mankind, and whence arises this but from ignorance? That people may be in a position to judge of real knowledge, and appreciate merit, they must receive a certain amount of instruction, for without this, they are left a prey to all who from mercenary or other motives, seek to allure and deceive them. Of a subject of such vital importance to all as a knowledge of the mechanism and functions of the human body, and of the proper methods of maintaining their healthy action and remedying their derangements, the majority of persons are prodigiously ignorant.

It cannot be expected that every person should study thoroughly these several subjects; but it cannot be denied that it would be exceedingly beneficial for the great majority, at least, did they possess correct opinions to guide them in their efforts to preserve health of both body and mind. Then why not introduce into our schools, and especially into our colleges, an elementary work containing such principles of human physiology and hygiene as are necessary to be known by everybody? Is not this study one of the most important in ameliorating the condition of men, and in securing his well being? And may we not go a step further, and express what we firmly believe, that if people were instructed in various branches of medical knowledge we should see them less fre-

quently caught by the baits of charlatans? We are too apt to regard the science of medicine as a sanctuary into which the profane have no right to enter. There are in medicine, of course, many things which to a mind uninitiated into its mysteries would be incomprehensible; but there are, on the other hand, many established and unquestionable truths, which any mind endowed with ordinary faculties, could easily apprehend, and make the rule of its conduct. The object of medical science is not alone to cure or relieve disease; it should extend itself to the protection of the public health, and to the advancement of the welfare of the people by instructing them in sanitary measures.

Furthermore, if we wish the people to be competent judges of the capacity of those who profess to be able to relieve their sufferings, they must receive a certain amount of instruction to fit them for that position. People estimate the value of the skilful physician more highly in proportion to their ability to appreciate his merit, and it is seldom that those who possess a fair amount of knowledge allow themselves to be imposed upon by the pretentious ignoramus.

Hence the true physician has nothing to fear, but all to gain from that instruction of the general public, which will enable people to judge of his capabilities, and appreciate the value of his services.

By means of such instructions as we have suggested, given in schools and colleges, by public lectures, as well as by publications in the most widely circulated journals, the education of the people in these important matters, would at least be accomplished. The clergy, also, who happily in this country as elsewhere, march at the head of intellectual progress, could render important aid in obtaining this result, were they inclined to do so.

We must not deceive ourselves, however, by supposing that the means which we have just been mentioning would alone be sufficient to abolish all the evils arising from the knavery and impudence of charlatans. We have already demonstrated that man, in consequence of his self-love, has a strong tendency to allow himself to be deceived by anyone who is cunning enough to flatter his tastes and desires with promises of any easy cure in his various ailments. The law alone possesses the power to remedy the abuses originating in this; and as it has deemed it necessary to exact from those who would practice medicine properly, guarantees which assume the form of *licenses*, it ought, by all means, to protect the health of its subjects against empirics, and all others who set themselves up to practice the healing art without possessing the knowledge necessary for it.

Is the law as it now exists sufficient? Alas, by what passes under our observation we learn, too well, how much it leaves to be desired. And does this arise from an intrinsic defect of the law itself, or from the indifference of those whose duty it is to see it executed? We believe that the two causes are combined in rendering the law inoperative. We require a law strict, practical and clear, and of such a nature that its execution would not be virtually impossible.

All intermeddling in the treatment of diseases by unlicensed persons, should be immediately restrained, and the unlawfully exercising of the functions of a medical man, should be held to be a misdemeanor, and should be punished by penalties of such severity as would secure the respect of the law.

The exclusive power to prosecute in cases of violation of the law, possessed by the College of Physicians and Surgeons should be taken from them; for the results obtained up to the present time, show how imperfectly the work has been done. Their bureau have so often ordered the prosecution of charlatans, and so seldom united to continue it to conviction and the execution of punishment, that this negligence is patent to all. The duty of searching out and prosecuting transgressors of the law, should devolve upon *public* officers, because the object aimed at is not the protection of a particular class, but of society at large. Every one injured should have the right of complaint against illegal practitioners. (My opinion has long been that, to effectually cope with quackery, every person should have the right to complain, and that the complainer should receive a part of the fine, or other remuneration, in the same way as such is provided for in infringements of the game laws, and liquor license laws. D.)

What penalties would it be proper to inflict on charlatans? Formerly, in some cities they were subjected to corporal punishment, in others they were covered with disgrace. "In Montpellier they

had the power to take a quack doctor, if one should be so unfortunate as to stray thither, and place him upon a poor miserable ass, with his face turned towards its tail, and in this manner to march him about through the whole city, to the hooting of children and the jeers of the populace; to beat him and cast ordure upon him, to pull him from side to side and to curse him."—(Tisset.) At present charlatans are punished by fine or imprisonment, or both as fixed by law, at the discretion of the judge.

Whenever any person usurps the title of "Doctor" in connection with his illegally practising medicine, for the purpose of obtaining the confidence of the sick, he should be still more severely punished. The fact of his having usurped this title and led people to believe that he legally possessed it, should of itself be reprehensible without even requiring evidence of his having practised illegally. A penalty of from $25 to $100 adjudged against him, on a summary conviction before any justice of the peace, would not be too severe for the different violations. Finally, armed with these powers, and strong in the conviction of duty to be fulfilled, the profession would become organized throughout the country, into County Medical Societies.

Should any medical man fail to connect himself with the Society of his district, the fact alone of his being unconnected, would be deemed sufficient to seriously affect his professional honor; inasmuch as these associations would exist for the very purpose of carefully removing "gangrenous members from the medical body," and pointing out to public notice those who are the opprobrium of that body, for the first chastisement of such.

Furthermore, the members of these Societies, occasionally breaking away from their scientific pursuits, and communicating to one another the various cases of illegal practice, would collectively take means for their suppression.

Complaints thus signed by all the physicians of a city, a district, or a county, would have a powerful influence with public tribunals, and would place the matter above all suspicion of having been instigated by any personal interests. Then these deplorable evils, of which the people are the primary victims, would soon terminate, and the unsightly plague of Charlatanism gradually disappear.

OPERATION OF LITHOTOMY.

BY A. HALFORD WALKER, M.D., DUNDAS, ONT.

Having been requested to publish the following case, I do so with pleasure, as it may have the effect of inspiring many young practitioners like myself with sufficient confidence to undertake important operations, and thereby prevent their being obliged to send their patients to the larger centres where surgeons of more experience are to be obtained, as I have done in two or three instances in the past; but hope not to be necessitated to do so in the future. For all operations of magnitude the two chief requirements are a knowledge of the parts, and self confidence; the former of which can be obtained by study, and the latter by practice, and operating whenever opportunity affords.

On December 7th, Mr. John P——, aged sixty-one years, wood turner by trade, called at my office, to be treated, as he termed it for gravel, showing me two calculi, each as large as a pea, that he had passed the previous day accompanied with a great deal of pain, informing me that he had passed many others as large, and some larger. I immediately introduced a sound, and discovered the presence of one or more large sized stones. He had been suffering from all the accompanying symptoms of stone, and was much reduced in health, so much so that he had been unable to do any work during the previous four months. When I explained to him the nature of the case, he was quite anxious to undergo the operation. I ordered him to remain quietly at home for a week, and prescribed the following, to allay nervous irritation and to neutralize the urine:

℞.—Potass. Bicarb.,	ʒiv.
Sodæ Bicarb.,	ʒiiss.
Potass. Bromid.,	ʒvi.
Tr. Hyoscyam,	ʒii.
Aq. ad.	℥viii—M.

Sig.—One tablespoonful 3 times a day.

On the 14th I ordered a full dose of castor oil, and on the following morning an enema, having appointed 2 P.M. for the operation, in which I was ably assisted by Drs. Locke, O'Reilly and White of Hamilton. After the patient was fully under the influence of chloroform administered by Dr. Locke, I injected seven ounces of tepid water into the bladder, first drawing off any urine that

remained in the organ. My object being, that on entering the bladder, an unirritating fluid would first flow over the wound instead of acrid urine, that might tend to produce untoward inflammation. Having decided on the lateral operation, I made the first incision three inches and a-half long, and one inch in depth, without encountering excessive hemorrhage, I then cut down upon or up into the staff, which was full sized and grooved on the left side. During this part of the operation I was materially assisted by Dr. O'Reilly, who held the staff. On cutting into the bladder the rush of water brought a stone directly to the opening, which was easily extracted ; and on exploring with the finger I discovered three more which were extracted without much difficulty. I then injected the bladder through the wound with a weak solution of carbolic acid, 1 to 75, and introduced a drainage tube, and put the patient in bed. Called in the evening and found him very comfortable, pulse 80 ; ordered a continuance of the mixture, with an increase of the Tr. Hyoscyam. Removed the tube on the following day, on the fourth and fifth day the urine flowed by the natural passage, and on the sixth passed by the wound again; on the ninth day it again partially passed by the natural channel, and continued to do so more and more each day, until by the 22nd day, when it altogether ceased to pass by the wound. Not a single bad symptom occurred during the whole period of recovery. On the 14th day the patient was permitted to sit up for an hour, increasing the time each day. On the 24th day he was enabled to walk up and down stairs; and to-day, four weeks since the operation, he says he has not felt so well for many years.

The four calculi together weighed 14 drachms, and were quite hard and smooth.

Correspondence.

To the Editor of the LANCET.

SIR.—" Humanitarian" in your last number has mistaken the main object of my paper on Child-bed Fever. In it I wish to show that the chilliness which has led to the adoption of the usual treatment, that of encouraging perspiration, arises, not from actual cold, but from moisture on the skin, and consequently instead of warmth being applied, and warm drinks given, that the patient ought to be cooled. Spirits are not required in all cases, in many simply cooling is sufficient to avert danger, in others half a wine glassful of brandy may be enough. But when Child-bed Fever, through mismanagement or constitutional debility, assumes symptoms which tell that there is great danger, then spirits are required to be given freely to restore exhausted strength ; as strength increases the tendency to perspiration diminishes. If the reader says that the strength cannot be greatly exhausted, because the patient was in perfect health but a few days previously, let him ask himself in what other disease of similar duration will "a few loose stools sink the patient beyond the possibility of recovery;" or the abstraction of eight or ten ounces of blood cause death in less than half an hour? There may be some, but at present I do not recollect them. Any person who has practised many years must forget much, if he can bring himself to say that there are no cases where the administration of spirits has saved life ; but taught by what he sees around him he will not prescribe them, except where conscientiously believing them to be required. I would as deeply lament the formation of intemperate habits as "Humanitarian," but spirits given for a short time during a great emergency are not likely to do this, and in fact the cases requiring them liberally, though from their importance occupying a considerable space in my paper, are few in number, the threatenings require but a small quantity, and if the management be correct there seldom ought to be even a threatening.

WM. KERR.

Braehead, Galt, 9th January, 1874.

(To the Editor of the Lancet.)

SIR,—I observed in the September number of the LANCET, an article clipped from the Norwood *Register*, relating to one Wm. Paterson, M.D. From your remarks on the same, I learned that much could not be expected from a man of his character and attainments. But what do you think of Dr. C——? I send you his advertisement, clipped from the South Simcoe *News*. (See LANCET for Oct., page 68.) I also enclose you a second advertisement. It alludes to a case of placenta prævia, which proved fatal in the hands

of two physicians. I have reason to believe that the proper steps were taken in the treatment of the case.

Yours, &c.,

MEDICO.

ADVERTISEMENT.

With all due regard and consideration, as well as respect, for the feelings or interests of all the parties concerned, whether of the relatives or the attendant Physicians in the case, I feel myself in duty bound, in accordance with the teaching of the first law in nature, to contradict the statement of the attendant physicians, in the case of Mrs. John Armson, deceased, in effect that owing to natural causes, death was inevitable. I beg to humbly state that similar cases under my care, have invariably made a good recovery.

L. CLEMENT, M.D.

[Comment is wholly unnecessary.]—ED.

Selected Articles.

THE ANTICIPATION AND TREATMENT OF *POST PARTUM* HÆMORRHAGE.

ABSTRACTS OF PAPERS BY DR. BASSETT, DR. BOYD MUSHET, DR. HEYWOOD SMITH, DR. TALFOURD JONES, ETC.

Dr. JOHN BASSETT, Professor of Midwifery in the Queen's College, Birmingham, in a paper read before the monthly meeting of the Birmingham and Midland Counties Branch, on November 13th, advocates strongly the preventive treatment of uterine hæmorrhage. He regards granular degeneration of the kidneys with albuminuria, and general debility from insufficient nourishment or defective power of assimilation, as very frequent causes of the tendency to hæmorrhage. Andral and Tyler Smith directed special attention also to the anæmia occurring in pregnant women. After referring briefly to the various researches upon the increased volume and altered condition of the blood during this period, he enters upon the consideration of hæmorrhage itself. The worst cases, he considers, are those in which there is alternate contraction and relaxation of the uterus, or where there is irregular contraction, following, as frequently happens, from tardy or precipitate labours. "For more than twenty years," he says, "it has been a rule of practice with me to pay careful attention to the health of all pregnant women who come under my notice, well knowing that a healthy pregnancy is followed by a natural labour and a favourable recovery. This led me to examine very carefully into the condition of those who were in the habit of flooding. I found them uniformly out of health; they all suffered from impaired powers of assimilation in one form or other; they were weak, dyspeptic, nervous, with diminished muscular power... I always prescribe iron in combination with an alkali or an acid, as the particular circumstances may indicate. As regards anticipating *post partum* hæmhorrhage at the time of labour, ergot, given shortly before the birth of the child, answers sometimes, but is uncertain; a moderate dose being better than repeated larger doses. Pressure is generally and deservedly relied upon for ensuring detachment and expulsion of the placenta, contraction of the womb, and arrest of unnecessary flow of blood. It is the readiest and most effective means we have at hand; and, in the majority of cases it is all that is required to check hæmorrhage. Grasping the uterus with the hand, and holding it firmly, is the method in common practice; but when the flow is very severe, and does not yield to this proceeding, it is well to transfer the pressure to aorta—a practice which is, in my opinion, of the utmost value, and the importance of which is by the present race of accouchers much undervalued." "Where the Hæmorrhage is less severe, the binder, with a triangular-shaped pad underneath, is more effective than pressure by the hand, preventing the uterus from rising in the abdomen and filling with blood, and allowing a coagulum to form in the interior." He does not approve of constantly removing the clots from the interior of the uterus whilst hæmorrhage is going on, regarding these as the consequence, and not the cause. Cold acts at first as a powerful stimulant, producing shock in the system; but as a sedative, if used for a longer time. Opium, where spasm or alternate contraction is the predominating feature of the case, is of the greatest value. "If, then, ergot, cold, pressure, and opium, have failed to check the hæmorrhage, we are called upon to take the next step, and inject a solution of the perchloride of iron into the uterus....My experience of it has not been great. I judge it to be a remedy of great efficiency, but of doubtful safety." When the hæmorrhage has been controlled, and the patient passing from a state of shock into one of syncope and collapse, transfusion is the one resource.—*Ibid.*

A RARE PHYSIOLOGICAL EXPERIMENT.

Dr. BRANDT, Professor of Surgery in Klausenburg, has placed on record, in the *Wiener Medizinische Wochenschrift*, a case in which removal of the sound kidney took place in the human subject. A healthy man, aged 25, was stabbed in the left hypochondrium. Hæmorrhage to the amount of three or four ounces followed; and, about three hours after the accident, a fleshy looking tumour was expelled through the wound by a fit of cough-

ing attended with severe pain. It was replachd by a bystander, but was soon again driven out by the cough. On his admission into hospital, twenty-four hours after the injury, Dr. Brandt, after a careful examination of the protrusion (of which a careful description is given), arrived at the conclusion that it was the left kidney. Its surface, with the ureter, was torn in some parts, and allowed the escape of a fluid, at first yellowish and transparent, but afterwards sometimes reddish and sometimes turbid yellow. It had an alkaline reaction, a specific gravity of 1042 to 1052, containing a large quantity of albumen and mucin, with some hæmoglobin, traces of urea, and an abundance of alkalies and alkaline earths. It gave a sediment, which on microscopic examination was found to consist of pus-and-blood-corpuscles, masses of nuclei, mucus-fibrils, and fibrinous clots; also epithelium of the kind belonging to the calyces and pelvis of the kidneys. Dr. Brandt arrived at the conclusion that the organ was rendered useless, that its retention endangered life, and that it would be best to remove it. The previous history of the patient did not contraindicate this: he had had no severe illness, and, though the urine in the bladder contained some albumen, this might be derived from the injured organ. Accordingly, on the fourth day of the injury—a photograph of the patient having been first taken—Dr. Brandt tied the pedicle of the tumour in two parts, by means of a ligature passed through the middle, and cut it away with a knife. This operation was done on June 7th, and on the 23rd the patient left the hospital convalescent. No symptoms of uræmia or of peritontis occurred during the progress of the case. The urine was throughout acid, of specific gravity of 1,010 to 1,040, and of normal composition: at first it was of a reddish yellow colour, but afterwards became clear yellow. Dr. Brandt has seen the man several times since the operation. He has no signs of disease of the heart, but complains of a sense of oppression and fatigue, especiully in going up stairs, and says he cannot work as well as before. Dr. Brandt, however, suspects tbat he may say this to avoid military service.—*British Medical Journal.*

ON THE FUTURE OF OPERATIVE SURGERY FOR STONE IN THE BLADDER.

BY SIR HENRY THOMPSON, F.R.C.S.

* * * The greatest achievements of the healing art, throughout all time, are those which have been connected not merely with the cure but with the prevention or extermination of human maladies. You know that I can name diseases of the gravest kind which, thanks to scientific medicine, do not now exist. The plague, at all events with very slight exception, is in Europe a matter of history, and has been so for a long period. Small-pox is, at the present moment, simply an anachronism. It has no right or title to existence, and shows itself only because some people are foolish or ignorant. I will go further, and say that typhoid and other eruptive fevers are falling into the same category, and only await increased human intelligence and determination to become things of the past. And I feel sure you will agree with me that cholera must equally become subject to our control. Indeed, it is impossible that it can be otherwise. All these glorious conquests belong to "medical" work, conventionally so called; although I protest against this most unnatural divorce between two divisions of the healing art which never can be practised apart, as I shall have occasion incidentally to illustrate. Still, and just as naturally, "surgery," especially so regarded, has not found its function so much in the extermination of disease as in its cure and repair. But on this occasion I desire to claim especially for surgery, and as the result of purely surgical practice, the accomplishment of the great enterprise I venture to set before you.

Before, however, I enter upon that future which I have undertaken to discuss, it is necessary first to sketch briefly the state of surgical practice relative to stone in the bladder during the present century.

Let me say, in general terms, that fifty years ago any man with a stone in his bladder could have it removed only by the knife; an operation universally allowed to be a very serious one in middle age, and at advanced age to be attended with extreme risk. About this time—that is, in the year 1822—Civiale removed calculi from two patients, in the presence of the Academy of Paris, by a process of drilling and grinding them with instruments introduced through the urethra into the bladder. From that time to this, that process, generally termed lithotrity, has been developed into the now widely different and greatly improved operation which is adopted at the present time. During the first twenty years of its progress it was probably the cause of increased mortality among stone patients; the inevitable result of change from a system of operating elaborated by the hands of masters during many centuries, to one totally different and to which every man's hand was new. Still it lived on: men had faith in its future. Barbarous as the earlier instruments and the earlier practice might be regarded to-day—indeed it would be really barbarous to use those instruments now,—they served during a transitional period as materials to be improved by experience. And so by slow degrees the almost perfect mechanism of to-day—the light, I had almost said agile, yet powerful instrument of to-day—results, after an infinity of suggestions and many long years of

trial, from the coarse, heavy, slow tools which were, partly by persuasion and much by force, introduced into the patient's bladder some years ago. And precisely, by equal steps, the demonstrable result by cure became better and better. Meantime those who could not perceive the value of the new method, as I quite readily conceive they might not, sought other modes of reaching the bladder by incision, which should be safe, or at any rate better adapted to the smaller stones with which lithotrity, at all events in prudent hands, alone proposed to deal. And so the bilateral, the ordinary medium, or that refinement of it known as "pre-rectal," or some other inconsiderable deviation from the beaten track, was essayed for the purpose. Inasmuch, however, as anatomy remains the same, we can scarcely expect much improvement in the route by which the surgeon is to reach the bladder by the only two outlets at his service—either above or below the arch of the pubes. Who has not studied that great problem in silent thought at night, as well as in the dissecting-room by day? What a long line of devotees to our art have given their best energies to win, if ever so small, a tiny point of vantage ground in the perfecting of lithotomy; seeking how better to approach that canal, or avoid that vessel, or injure least that gland. And what is the verdict relative to that which is the chief among all the newer modes, as compared with the classical lateral operation? I can scarcely ask you to hear it better than from the lips of my friend, Mr. Cadge, of Norwich, who, after a careful and extended analysis of the results at Norwich of the median operation, says: "My present experience teaches me that it is advantageous and suitable only for those patients in whom the stone is of small size. ..... Beyond this limit the path becomes thorny and dangerous," &c. This expresses the same view I have held in my lectures respecting it, and I think is receiving the general assent of surgeons who are studying the subject by comparison, and among them I include some operators of experience abroad, with whom I have recently had the advantage of conferring on this matter.

I now come to what the lithotrity of to-day is capable of performing, and before doing so I must say a word about the numerical results of calculous cases, in relation to mortality. I find that there are still some persons who persist, in connexion with this subject, in presenting to public consideration numerical results in which the cases of children and of adults are indiscriminately mingled. Now this practice is eminently misleading; and if not due to utter thoughtlessness, there can be only two causes for the usage. It must be either from gross ignorance of the relative degrees of hazard attaching to the two sets of cases, or from an intent to mix as large a proportion as possible of children's cases with those of adults for the purpose of making a small mortality for the total. Now, in the interest of truth, or for any honest purpose whatever, it is essential to keep apart the cases of stone which occur before puberty from those which occur after that period. Before puberty lithotomy is a notoriously safe operation, and at most not more than one death occurs in sixteen cases. Among adults the operation is always hazardous, so that the average results of the best lithotomists (*who treated all their cases by that method, and none by lithotrity*—a very important consideration) is about one death in every six cases from puberty to fifty-eight years; and from that to eighty, about one in every three and a half cases. The case of the adult furnishes a condition wholly different from the case of a boy, whose sexual organs are as yet undeveloped, and in whom none of those intricate and subtle sympathies exist between the constitution at large and the reproductive organs. It is these which, in the adult, exercise so great an influence, giving origin to the phenomena we term "urethral fever," sometimes grave, and which we rarely or never meet with among boys and females. Of these I say little or no more to-night. Reject then all figures in all tables in which these two classes are not clearly defined.

It is my business to-night to deal with stone in the adult—the largest and most important part of our subject; and in speaking of what lithotrity can do, although it is not absolutely powerless for children, being only useful for very small stones, I beg you to bear in mind it is solely a question now of stone in the adult, and that necessarily means stone in the adult of advanced age.

* * * Let me now consider the single question —What is the object we propose to attain in lithotrity? I answer, in brief, to reduce the stone to such small fragments that they may pass easily by the urethra, and to do this by exerting as little mechanical action as possible.

We are to aim at applying force to the stone in such a manner as not to injure the delicate canal which must be traversed, and the sensitive organ, the bladder, in which it lies. And the force should be so applied that the minimum of irritation should accrue from the fragments that are made. In fact, the sources of danger in lithotrity are but two in number: injury to the soft parts by the instruments employed; and injury to those same parts from the sharp edges and angular forms of the fragments which are produced by the process. When we have reduced the mechanical action to the minimum of capability to inflict mischief, and have learned to make fragments in such a manner that they shall produce the least amount of irritation, why then we shall have arrived at perfection in lithotrity. Hence it is that I have always endeavored to work with the fewest and most simple instruments possible, and to reject preliminary injections always, and subsequent washings-out as far as possible.

How far have we solved the problem in question? I answer, perfectly, in relation to calculi of a certain size. With a calculus of certain weight and dimensions, whether of uric acid, phosphates, or oxalate of lime, say not exceeding the volume of an ordinary nut, a perfect result may be ensured. I call your attention to that tray containing sixty-three stones, and in which, let me remind you, the patients were of a mean age of over sixty years. There was not a single death among those cases. The size I name was not exceeded. And I assert that I have never yet had a death following the operation of lithotrity in which the stone was within the limits of that size. Nor have you any right to expect anything but success with such stones, requiring, say, two sittings, or perhaps three at the most, if you only take care to act with the utmost gentleness.

So far, then, is the problem solved, and triumphantly. But it is another thing when the stone much exceeds these dimensions, and where, not two, but five sittings are necessary for its removal; and, *a fortiori*, danger still increases when the requisite number of sittings rises to eight or ten.

In the next two trays are about a hundred stones of middle size. At this size, which is that, say, of an almond in its shell, the result is still most excellent, far superior to that of lithotomy, but not a sure success as before. Hence a certain small proportion of deaths was met with—about one in twelve or thirteen cases.

In the last tray of larger stones, the mortality was more considerable, perhaps one in eight or ten cases. With regard to some of the latter, it is quite possible that some of them would have been better cut.

* * * The Diagnosis of the presence of stone in the bladder and of its size is a matter of the highest importance.

I affirm that it is not less important to be capable of finding a stone when small and determining its size, than it is to perform the operation properly afterwards. I might almost go further: I think I shall find you agreeing with me before I conclude, that the diagnosis I speak of is the more important matter of the two; and that I may venture to say that I would rather, for the sake of calculous patients at large, and for the future of lithotrity, have keen diagnosticians than expert handlers of the lithotrite, if I could not have both. Because, as we shall see, all progress depends on the *early* diagnosis; for when the stone is really small, no man worthy of the name of surgeon, and with a fair experience of instruments in the bladder, will fail to crush it safely. You see it is lithotrity that has brought this question of diagnosis home to us. When there was but one mode of removing the stone—when it was necessary to cut from the perineum to the bladder for every stone, no matter how small or how large, it mattered very little whether we made an exact estimate of its size, if we only were quite certain a stone of some sort was there. What, again, did it signify whether it were mulberry, uric-acid, or phosphatic in its character? It was nothing to the lithotomist whether one would crush easily and the other with difficulty or not at all.

Nor is there any real difficulty about making the diagnosis on which I lay so much stress. Nothing is more easy, as I shall soon have to show, if only you follow the right method. Granting me this, and the unrivalled success of lithotrity for small stones, already proved, it logically follows—

That the operation of lithotomy must in future be rejected for all stones which are of moderate size.

Now, this is a most important fact, and it is one, I believe, which has not yet received its full consideration from the profession. For it follows, further, that all those attempts which have been made during the last fifty years, and may still be making, to perfect lithotomy for small stones are useless and obsolete. We cannot require an operation by cutting for small stones. And I am quite safe in saying that the results of that tray, with sixty-three cases of elderly adults without a death, never have been, and cannot be, equalled by any cutting operation whatever.

* * * This brings to us the practical mode of looking for the stone early, and discovering its presence when small. How is this to be done?

First, respecting the mode of sounding. It is absolutely essential to employ a light sound, which can be easily turned in the bladder and urethra. Nothing but a quick and delicate movement will elicit an audible note, or produce a sense of contact, with so small a body as a pea lying in the interior of the bladder. Therefore it is better to have an instrument which will roll easily between the finger and thumb, and not require the wrist or the arm to create the movement. Hence the handle should be cylindrical, like the stem, but smaller, which I originally designed for my lithotrite, and which is now much used here, and is almost universally employed abroad. The beak should be very short, so as to be turned with the utmost facility. To find a small stone the bladder should be empty, or nearly so. I prefer a patient to make water a few minutes before sounding, and certainly never to be injected or prepared in any way, which only tends to defeat our object. Let him lie down, with his pelvis a little raised, and then let the instrument gently glide down the urethra; it is five to one, however small the stone may be, that it is just grazed as the beak passes through the neck of the cavity into the bladder. This is perceived easily if the sound is only guided lightly by the faintest touch of the finger and thumb. Held and guided by the wrist and arm so slight a graze may be unnoticed. If not felt, let the sound make two

or three quick semi-rotations right and left; if still nothing found, depress the handle slightly to turn the beak below, close to the neck of the bladder, and make two or three similar movements there. That is where the stone will be found, if there is one, in the nearly empty bladder; and in the same manner a small fragment will be found at the close of a case.

* * * Secondly, the early signs and history of vesical calculus are to be carefully noted. This brings us to what appears to me a very striking and suggestive question,—How is it that the existence of a calculus in the bladder, a product almost always of slow growth, and giving abundant signs of its presence, can ever attain anything beyond a certain size without being discovered? That it does so is too true; but that it should ever grow to be of large size is to me astonishing. I assert that more than half the stones I operate upon are found in cases in which no suspicion as to the real malady has arisen until the sound has been employed. Now, with the utmost deference to others, and only after the acquirement of a profound conviction on my part, I venture to say that it is my belief that the early signs of calculus are not generally sufficiently recognised. In the whole course of my experience I have not met with more than two or three cases in which the obvious early signs of calculus were absent. To me they appear quite unmistakeable. They may be present, or nearly so, in cases in which no calculus exists; but when these signs are present, then always ought the sound to be used. So far have we been from recognising who are the real calculous patients that we find it stated in our classical works on the subject that stone is most prevalent in children. Not at all. Stone is uncommon in children compared with its frequency among elderly adults. I am quite aware that, in most large hospital records, half the entire number of cases are found below the age of puberty; and it is that which leads to such surprising statements about the small mortality of the lateral operation, as I have before alluded to. But then among the poor stone is comparatively frequent in children. Among the well-to-do it is very rare to find a juvenile case at all. The latter class, however, furnish it abundantly at the other end of life, and here it is that the bulk of stone cases is to be found,

And what is the ordinary and typical history of a stone case? I speak, as anyone, of course, may understand, of uric acid and oxalate of lime. The phosphates are mostly of local origin in a bladder incapable of emptying itself, and belong to another category. You will find a healthy-looking man with good family history as to longevity, but mostly tainted with gout, one or two cases of it existing, antecedent or collateral, or in its absence some record of gravel or stone in an ancestor. At middle life he finds uric acid in his urine, as a brickdust deposit, more or less persisting. Soon after, a small bit of gravel passes, with or without a marked attack of renal pain; if the latter, he is at the time much relieved by medicine; but often no special treatment or regimen is adopted at this critical point in his life to check the tendency now fully developed; so, after an interval, another and another pass, and then no more for a few months; and although some little suspicious symptoms appear, they are thought very lightly of, especially as he has not during the last nine or twelve months passed any gravel as he used to do. Whereupon he congratulated himself and is congratulated—not prudently; and the suspicious symptoms are credited so often "to that little weakness of the bladder which all people have as they get onwards in years." Delusive axiom! But what are these suspicious symptoms? Not very marked, but ample to render almost certain to the experienced observer that that interval of freedom from passing gravel only marks an advancing stage of the malady, and shows that the gravel is now too large to pass the urethra; that it is in the bladder and is growing by accretion, consuming surplus uric acid for that purpose day by day. For on inquiry you will find that the frequency of micturition is greater by day, during movement, than by night, during rest—conditions altogether contrary to that "weakness of advanced years" (prostatic hypertrophy) when the frequency is almost always greater by night than by day. You will find a slight pain—a mere passing sting—is mostly present at the close of the act of micturition and in the end of the penis, while in the "weakness" the pain, if any, is from distended bladder, before micturition, and is relieved by the act. Next, it will probably be ascertained that some day lately, after an unusual walk, or it may be after an hour or two in the saddle, a little blood was observed in the next urine; soon forgotten, or, if named, was followed by the recommendation not to do it again, but which unhappily aroused no suspicion of the true cause; so, not being done again, the occurrence did not reappear, which again comforts everybody. Well, after listeuing to such a history, I am always morally certain that one or two small stones exist, and of course the sound is introduced at once, and almost invariably a small stone or more is discovered. No anxiety need arise, and the patient may now with reason be congratulated, since a small stone is certainly the safest solution of his symptoms; for, as I have already said, the malady for the most part occurs in people of otherwise good health and strong constitutions. I have no hesitation, then, in saying that from fifty-five to seventy-five years of age is the favourite term for calculous diseases, at all events in this country.

* * * I now think I have fairly proved that the operation of crushing the stone is safe and successful for all small stones, and I think I have also

proved, or have gone far to do so, that a stone may be always found when it is small. It follows then, if you admit these things, that lithotrity must be the future operation for calculus in the adult.—*Lancet.*

CASE OF "LUMBAGO" TREATED BY THE APPLICATION OF THE CONTINUOUS GALVANIC CURRENT AND THE RHYTHMICAL EXERCISE OF THE AFFECTED MUSCLES.

UNDER THE CARE OF DR. G. V. POORE.

The employment of faradaism and galvanism for the relief of the various forms of muscular rheumatism is generally admitted to be one of the most useful and successful applications of electricity to medicine. The charge is, however, often made that the relief afforded, except in mild cases, is only momentary, and that the disease returns again with all its former severity within a few hours of the anodyne application. "Lumbago," so-called, is often dependent upon serious organic change either in the membranes or the bony covering of the spinal cord, or upon disease of some of the abdominal viscers which are in contact with the spinal column; and in such cases it is obvious that, although the galvanic current may relieve pain for a time, it is vain to expect any permanent results from its employment. The following case illustrates what may be done even in the most chronic and obstinate cases, and such as have resisted all the usual modes of treatment:

W. G——, a brass finisher, aged thirty-five, was admitted as an out-patient on July 16th, 1873. He was bent almost double; walked with the greatest difficulty; complained of intense "lumbago" pain; and gave the following history:—He has been accustomed to work a good deal with the lathe, standing up and moving the treadle with his right foot. About six years ago a pain came on gradually affecting the backs of the thighs and the hips, which the medical man attending him called sciatica. This pain became so severe that he was obliged to give up work, and has not since been able to resume his employment. The pain left his legs and finally settled in his back, and is now most marked in the lower dorsal and lumbar regions. It is often of a plunging, shooting character, much aggravated by the slightest movement or even by the most gentle touch. Movement has become so difficult that he is sometimes as long as two or even three hours in dressing or undressing himself. The few hundred yards which he has to walk in order to reach the hospital are accomplished with the greatest difficulty and at the expense of much time and suffering. He states that when he wakes in the morning his back is not nearly so bent as it is later in the day, and the bending seems to be due to the failure of those muscles wuich ought to keep the spinal column erect.

The pain was not limited to the immediate region of the spinal column, but the intercostal muscles on both sides seemed also to be affected. There was no sign of any disease of the vertebræ, or of the cord, and no particularly tender points were detected along the spinal column. No sign of abscess, lumbar, iliac, or psoas; no numbness, tingling, or loss of power in the legs. The ailment seemed to be, mainly at least, muscular.

He had previously attended as an out-patient at five of the metropolitan hospitals, and, in spite of cupping, blistering, poulticing, plastering, the application of liniments, and the administration of all kinds of internal remedies, had, with one exception' derived no benefit. The abstraction of blood by cupping had relieved him, but only temporarily.

The galvanism was applied by placing the positive pole at the upper part of the spinal column, in the middle line, and sponging the whole back, including the intercostal muscles, with the negative pole. From ten to eighteen cells of Mayer and Meltzer's zinc-carbon battery were employed, and the immediate results was the diminution, if not the abolition of the pain. During the application the patient was made to exercise his muscles rhythmically by bending, extending, and rotating the spine, and by frequent inspiration. The effects of this treatment were at once apparent, even from the first, and at present all the extreme symptoms have disappeared. He dresses and undresses without difficulty in five minutes, the bowing of the back, though still obvious (and likely to remain so), is much less, and he habitually walks about half a mile to the hospital without difficulty. The important point in the treatment was apparently the rhythmical exercise of the muscles, which improved their nutrition; but without the anodyne application of the galvanism such exercise would have been impossible. One obvious effect of the current was that of "counter-irritation," for during its application the skin of the back became of a bright-scarlet colour, as if a mustard poultice had been applied. Various internal medicines have been given, including iodide of potassium and opium, but none of these had any appreciable effect.

A test case is said to be preparing in Chicago, in which a man is charged with refusing to be vaccinated and having the small-pox in consequence, endangering the lives and health of his neighbors.

FATAL RETENTION OF URINE, PRODUCED BY A FIBROID GROWTH, IN A YOUNG CHILD.

BY HENRY SMITH, F.R.C.S.

On Friday, November 28th, my attention was called by Mr. Delatour, our junior house-surgeon, to a child, nineteen months old, who had retention of urine. On examination I found that the bladder was greatly distended, but that the child did not appear to suffer pain. The history of the case was, that on the previous Wednesday the mother, finding the child could not pass water, took it to a medical man, who vainly attempted to draw off the water. On the following day she took it to the hospital, and Mr. Delatour, ascertaining that there was a very tight phimosis, very properly divided the prepuce, but the retention did not give way, and he then very carefully attempted to introduce a catheter, but failed.

I attempted to pass a No. 3 silver catheter into the bladder, both without and with chloroform, but I was utterly foiled, and I could clearly feel the point of the instrument travelling along on the left side of the urethra. The rectum appeared to be preternaturally dilated, and there was a preceptible hardness between this and the bladder, which I could not make out. I thought possibly that it might be some blood effused from the previous attempts at the catheterism, or that possibly there might be a stone sticking at the neck of the bladder.

The child was admitted into the hospital, and, as a further attempt at passing a catheter failed, I requested Mr. Bell, assistant-surgeon to the hospital, to relieve the distended bladder by the aspirator. This was done, and twice repeated, but the child gradually sank four days after admission.

On making a post-morten examination we at once discovered the cause of the retention and our difficulty, for there was a large, irregular, fibrous growth intersposed between the rectum and the bladder. It apparently sprang from the periosteum of the pubis and ischium, extending under the arch of the former backwards and forwards, thrusting the urethra out of its position against the left ischium. So extensive was the growth that there was a solid mass two inches wide, situated between the rectum and posterior part of the urethra. On microscopic examination the appearances presented were those of a fibroid or recurrent growth.

I have not met with a case similar to this, either as regards the situation of the disease or the particular results which were produced. It is well known that in children we occasionally meet with growths, either fibrous or fibrocystic, in various parts of the body, and which are probably congential. In this instance the growth may have been one of this kind. Whether, however, it were congential or not, the locality was peculiar; and we have here presented to us an illustration of a morbid condition not hitherto associated in the mind of the surgeon with the causation of retention of urine in the child.—*Lancet.*

THE PNEUMATIC ASPIRATOR IN SURGERY.

By Charles D. Homans, M.D., Boston, Mass.

The advantage of the use of the aspirator, in enabling surgeons to make a diagnosis in cases where the existence of fluid is doubtful, seems to be pretty generally recognized; but practitioners do not appear to realize that this instrument is of great value in surgery, in the treatment of many other affections. It has been used for the removal of pus and synovia from joints, for the emptying of chronic abscesses, in cases of chronic hydrocephalus, of retention of urine, of strangulated hernia, and to relieve the pain of distention in cases of great flatulence. In all these cases—some of necessity, mortal—the relief to pain is very great, while, as a rule, the punctures made by the aspirator needles have been followed by no serious consequences; in fact, in most cases, at *post-mortem*, examinations, but little, if any, trace of their passage could be found.

This instrument was used many times, during the past season, in my service at the City Hospital, and the following are some of the most striking of the cases:

Case I.—*Strangulated Hernia.* April 20th, P. B., laborer, aged 54 years, has had oblique inguinal herina on the right side for the past ten years; he has always worn a truss, till within a week before entrance; three days ago, after exertion, the herina came down, and has remained down since, notwithstanding efforts at reduction were made by himself and two physicians. Constitutional disturbance not great. The herinal mass was about the size of a hen's egg, and very tender. The patient was etherized, and taxis tried for half an hour, without success. A fine aspirator needle was then trust into the tumor, and from the three or four drachms of fluid, containing bubbles of air, drawn out. Taxis was then again resorted to, and the hernia immediately returned. No unfavorable symptoms supervened, and the patient was discharged, well, the eighth day after the operation.

Case II.—*Strangulated Hernia.* May 26th. B. R., seaman, aged 27 years, entered the hospital with a large inguinal hernia on the right side, which had been down for several hours, and which he had vainly tried to reduce himself. He had been ruptured more than seven years, and had

usually worn a truss of his own manufacture. Four years ago, he was operated on by a distinguished surgeon of London, by Wood's method, for the radical cure of the hernia; but the operation, at first apparently successful, was followed by a recurrence of the rupture, after seven or eight months. Since then, it has frequently come down, but he has always been able to return it without the aid of a physician. Now, there is a large hernial tumor in the right groin, very painful and tender. It is quite firm to the touch, and the skin over it shows the scars of the operation in London. There was some acceleration of the pulse, and the countenance was anxious. The patient was etherized, and attempts were made to reduce the herina by the taxis, by position, and in every way that could be suggested, but without success. The tumor was punctured with the fine needle of the aspirator, three successive times, but no fluid or gas passed out. The ordinary operation for strangulated hernia was then resorted to, and the tumor found to consist wholly of intestine, very tightly compressed, which may, perhaps, explain why no fluid or air came after the punctures. The patient did perfectly well, and was discharged three weeks after the operation.

CASE III.—*Retention of Urine from Stricture.* A man aged 37 years, entered the hospital with his bladder distended with urine, none having been passed for thirty hours. Many attempts had been made to pass an instrument through the unrethra, but without success. There was a stricture four inches from the meatus, and blood followed the attempts to pass the catheter. The fine needle of the pneumatic aspirator was passed into the bladder, behind the pubes, and three pints of urine were drawn off. The bladder was punctured again the next day, after which the urine came naturally.

CASE IV.—A man aged 38 years, was brought to the hospital, having fallen astride a plank ten hours before, and having been unable to empty his bladder since. He was suffering greatly from distention, and the aspirator was immediaely used, as in Case III., forty ounces of urine, slightly tinged with blood, being drawn off. It was afterwards necessary to perform perineal section; and the man eventually recovered.

Dr. Wm. Ingalls also used the aspirator in a case of retention of urine from stricture, with similar good results; and it was used many times for emptying abscesses, exploring tumors, etc. Its use in one of the cases of strangulated hernia was, apparently, of the greatest service, while, in the other case, no harm was done, though three punctures were made. In the cases of retention of urine, the advantage of this manner of relieving suffering is certainly very striking, over the old way of tapping through the rectum. The needle is more easily introduced, if a very slight puncture is first made through the skin.—*Boston Med. Jour.*

CAUSES AND TREALMENT OF CERTAIN FORMS OF SLEEPLESSNESS.

By DYCE DUCKWORTH, M.D., F.R.C.P.,

I believe that one of the most common causes of sleeplessness in persons otherwise not in bad health, is dyspepsia in some of its forms, and, although most observers would be prepared to agree to this view, I think the subject has not received sufficient attention. As Sir Henry Holland has remerked (*Medical Notes and Reflections*, page 218), "no rules are more important than such as apply to the relation between digestion and sleep," and he proceeds to show that all such rules are exceeding scanty and incomplete, "notwithstanding the perpetual experiment which life affords upon the subject." I aver, then, that dyspepsia is not only one of the commonest, but also one of the least recognized, of the causes of loss of sleep; and amongst reasons for this statement are the facts that the symptoms of digestive disturbance are sometimes, indeed frequently, not appreciable, or not at all prominent, at the time of retiring to rest; and also, that the diurnal digestion may be in a comparatively vigorous state. Most persons are familiar with acute dyspepsia as occurring in the night, and supervening upon errors of diet; and in such cases a disturbed sleep is rudely broken by an attack of cardialgia or acid vomiting. The dyspeptic symptoms to which I specially allude as interfering with sleep, are less severe than those just enumerated. The patient retires to rest and sleeps, it may be calmly, for a short period, but then he awakes, and forthwith secures no more sleep for several hours. To such a form of dyspepsia Cullen alludes, and he was the victim of it himself. He writes, "Persons who labour under a weakness of the stomach, as I have done for a great number of years past, known that certain foods, without their being conscious of it, prevent their sleeping. So I have been awakened a hundred times at two o'clock in the morning, when I did not feel any particular impression; but I knew that I had been awaked by an irregular operation in that organ, and I have then recollected what I took at dinner, which was the cause of it. Dr. Haller is liable to the same complaint; and, in his larger work especially, he gives the particulars of his own case and to the same purpose that I have done, as he learned it from his experience." So far as I know, nocturnal dyspepsia of this character is not described in treatises on digestive disorders. The sources of it, however, may, I believe, be various. There may be no actual suffering experienced, and, beyond dryness of mouth, burning soles of the feet, and heat and throbbing in the head, there is little to complain of.* These symptoms may supervene

*The cerebral circulation is in this, as in most forms of insomnia, increased in activity.

several hours after the last meal, but they never occur unless some error of diet have been committed; and it may not always by possible, as in Cullen's own case, to attach blame to the particular article of food, or to the unwholesome combination of aliment which has led to the result. And naturally, the question of idiosyncrasy must be considered in all such cases.

It seems most probable that the symptoms are due to a too acid condition of the contents of the stomach and upper part of the small intestine, and it is certain that excess in fatty and highly seasoned food, in fruit, and in wines of various kinds, is the chief exciting cause of the dyspepsia. Hence there is no more fertile source of this trouble than the fashionable dinner-party, especially if there be indulgence in the sweet courses and in fruit, and if the fatal dietetic error, peculiar to Englishmen, of mixing various wines be committed. The misery of insomnia is rendered more certain subsequently, if both strong coffee and strong tea be taken after such a dinner, as is not unfrequently the case. The dyspepsia is thus aggravated by special excitants.

The form of indigestion know as "dyspepsie des liquides," described by Chomel (*Des Dyspepsies.* Paris, 1857, p. 99), and by Dr. Thorowgood in this country, may also prove excitative of sleeplessness. But this affection, together with such symptoms as I have just described, are best referred clinically to the type of atonic dyspepsia, and, when the immediate discomforts are relieved, a more prolonged therapeutic course is needed to promote recovery.

It is needless for me to do more than allude to the almost intolerable insomnia, delirium it may be called, induced by excess to tea or of coffee taken late in the evening. All persons are not effected by these, and some people can even sleep soundly after taking one or other, provided they retire to rest immediately, and do not begin to do brain-work. It is less well-known, however, that smoking strong tobacco late at night is a source of sleeplessness to some people, and if practised after dietetic errors only tends to aggravate subsequent wakefulness.

I pass on now, to speak of sleeplessness due to overexhaustion, both bodily and mental. It is well known, and within the experience of most persons, that a certain point of fatigue may be reached when sleep is impossible. This condition is the result of increased flow of blood to the brain, consequent on vaso-motor paresis. After a day of incessant activity, when body and mind have been unduly taxed, this state may be reached. If, in addition, there be anxiety of mind or a persistent source of worry, the insomnia is aggravated. To "take off one's cares with one's clothes," as has been said, is indeed an excellent rule, but one, at times, very difficult of accomplishment.

Literary men suffer from insomnia oftentimes as the result of brainwork, executed at the small hours of morning, and sometimes because of bodily exhaustion superadded from sheer want of nourishment. Brain-work, in addition to the tax upon the ordinary powers by the pursuit of a profession, is, I believe, highly exhausting to the majority of those who practise it, especially amidst the calls, turmoil, and high pressure of life in a metropolis. The state of bodily fatigue to which I allude, is sometimes experienced by travellers who, after a hard day of locomotion, with perhaps irregular, and not very nourishing, meals, endeavor to procure a night's rest without taking a sufficient or suitable meal in the first instance. And it is precisely at this meal that the grossest dietetic mistake may be committed. The digestive powers are at a minimum, and yet there is a large demand for nutrition. The difficulty is not always easily to be met, but attention to the rules of physiology will in most instances, I believe, secure the wished-for result both for stomach and brain. And so, for the throbbing head and busy brain of the literary man or student, there are rules to follow, of which I shall speak presently.

The treatment of cases of insomnia due to nocturnal dyspepsia is to be met by remedies affording relief temporarily, and by measures calculated to improve the the digestion generally. Naturally, if due discretion were exercised at the last meal taken, no disturbance would occur, but I have already shown that it is not always possible to discover the offending article or articles of diet. A large meal taken late after exhausting work, and when solid food has not been eaten in the middle of the day, is liable to be digested with difficulty. Hence long intervals between meals should be avoided. There is no harm in varied diet at a late repast, provided too much be not taken, and the food be skilfully cooked. As adults are the sufferers from this complaint, so in most cases have they the requisite knowledge of the particular articles of food that best agree with them.* The question as to stimulants, however, is less readily answered. No one can doubt that much of the dyspepsia of the affluent classes in this country is due to indescreet mixing of liquors a practice which

*In the case of a nourishing meal being required late at night, after a hard day's travel, I know nothing more suitable than good beef-tea, if it can be had; and, by the aid of prepared extracts of meat, this now quite within the reach of travellers in the most outlandish quarters. Chicken, and simply prepared salad of lettuce, is likewise easily digestible late at night, by even delicate and exhausted persons. Good draught beer is advisable, if it agree generally, or dry champagne: the latter, indeed, is often an excellent remedy. In cold weather, mulled claret is very valuable; and something is perhaps due to the nutmeg in its composition, for this spice, as Cullen shewed, is, in full doses, an important hypnotic. (*Materia Medica*, vol. ii, p. 204). Lettuce has similar properties.

s singularly in discord with the science and skill now imported into culinary matters.

It is at all events sufficiently well-known that to drink one wine is most wholesome for dyspeptics; and whether it shall be claret, dry sherry, or alcohol in some form, properly diluted, must be decided in each case. In some instances of acid dyspepsia, port wine is of use, and appears to call forth less acid than sherry, perhaps, as Dr. Budd has suggested, on account of its astringency. For the immediate relief of the insomnia and dyspepsia, full doses of alkalies should be given. The calcined magnesia or solution of carbonate of magnesia in excess of carbonic acid, and the compound rhubarb or Gregory's powder, are amongst the best remedies. A large draught of cold water will also prove effectual at times. The success of the therapeutical measures throws light upon the existing cause of the sleeplessness, even when this is hardly suspected. Cullen does not state what remedies he employed in his own case, but we may rest assured that he treated himself.

The dyspepsia of liquid, as a cause of insomnia, is naturally best treated by the adoption of a diet in which less fluid is taken. The underlying atonic condition of the stomach and intestines requires the remedies proper to such a state; and here may be mentioned, as of especial value, the mineral acids, strychnia, and quinine.

For the sleeplessness ensuing upon tea or coffee taken late at night, there is hardly any remedy that I know. To give alcohol in any form, with a view to induce sleep, after excess of tea, is of no use. I believe it is better to read an easy and not too entertaining book when in this condition, for sleep is thus more quickly induced than when the sufferer lies conscious of each cardiac and vascular pulsation, and agonized by floods of rushing thoughts.

For the relief of the insomnia following exhaustation, either mental or bodily, there is happily a good deal to be done. No greater mistake can be made than to retire to sleep at the time of completed digestion.

It is almost proverbially known to be bad to go to bed fasting. Insomnia, from this cause, is, of course, easily met by taking some simple food. People, whose duties occupy them far into the night, and who have exercised their mind with any effort, should take a full evening meal, or, failing this, nourishment must be had later on. And where there is, from any cause, undue pressure of work, mental strain, or anxious watching, I know no nutriment so suitable as well made beef-tea or extract of meat. The latter is of especial value, being always at hand, and, if taken in the form of Mr. Darby's extract, the best, I believe, of all such preparations, and spread upon bread or biscuitt, is eminently calculated to relieve the craving felt, and to supply a readily digestible little meal. Such measures, I think, are more to be recommended than was the practice of literary men fifty years ago, which consisted in the imbibition of whiskey-punch, made with infusion of green tea.

I should recommend all bad sleepers who cannot trace their insomnia to indigestion, and who may have passed an unduly long interval since their last meal, to employ extract of meat in the manner I have just described. I can, at all events, bear testimony to its value from personal experience, and I have known benefit to be largely derived from its use in several other instances.

The sleeplessness due to cold feet in winter time, resulting from alterations of arterial blood-pressure in the body, is best met by the use of pediluvia at bedtime; and the addition of mustard or tincture of iodine is valuable, especially where the sufferer is a victim to chilblains.

Experience shows that a long nap after a late dinner interferes with proper sleep at the usual time. I believe that a short sleep of a few minutes ("forty winks") is really valuable after dinner to those who have to work late at night. If the sleep be of an hour's duration, digestion is disturbed, and, in some cases, nightmare occurs immediately on going to bed.

Sleeplessness may sometimes be the result of mere bad habit. There may be no error of diet as the cause, and no dyspepsia; but there is simply a morbid apprehension as the head is laid upon the pillow that sleep is impossible, and forthwith the brain begins to be busy. This state is most apt to supervene upon a long course of broken rest. Persons who have kept watch by the sick, especially where there has been mental anxiety and distress, suffer from this form of insomnia. The acuteness of their trouble has more or less passed away, but night brings disease and apprehension with it. This form is engendered, then, as a bad habit from an interruption, more or less prolonged, of one of the periodical functions of the brain. It is not possible to detach entirely, in these cases, the peculiar mental element—the active conjuring up of past scenes, or the busy memory; but, in other instances, no cause is readily to be found, and we are compelled to believe that the bad habit results from a low condition of nervous energy.

The benefit to be derived in this form of insomnia from change of scene and change of air is very remarkable, and it is, indeed, seldom advisable to employ medication. There can be no doubt of the value of the change of air in many forms of sleeplessness; but, in awarding the true therapeutic value to climatic influence, we must not altogether lose sight of the effects of the *medicina mentis*. To pass from the noise and sullen heat of dwellings bordering upon the streets of London on a summer night, to a cool and well-aired apartment, in any peaceful country district, is in itself a strong incentive to slumber; but beyond this, there are special aerial conditions and influences due to proximity

of sea,* nature of soil, and immediate surroundings, which unquestionably require due consideration in each case. Indeed, attention to such points is almost as necessary, in some instances of sleeplessness, as it is in the cases of sufferers from spasmodic asthma.

The best drugs to employ in such cases, if they must be employed, are the bromide of potassium or chloral hydrate. Henbane, in full doses, is also of service.

Persistent odours will prevent sleep. Thus, flowers in a sleeping apartment—where, by the way, they never should be placed—giving off aroma, will affect certain people powerfully, causing headache and cerebral irritability (*vide* Moore on *Going to Sleep*, page 37. London, 1868). I have known the effluvia of certain embrocations to act in preventing sleep for a time in some patients; belladonna, tar, and citronella, in particular, are to be blamed.

While laying stress upon securing pure air for sleeping apartments, as far as is possible, attention must be paid to the amount of moisture present in the air. In many instances, the air is deficient in moisture, and the dry air inspired, often laden with dust, is a source of discomfort to the nasal and bronchial membranes; not only so, the influence of a too dry atmosphere is perceived by the whole cutaneous surface, and thus a source of irritation exists which is not unfrequently the last to be suspected.

In the case of bedridden persons, or during long illness, this point is to be attended to, and the absence of moisture is to be met by keeping water in the room, and, if need be, by sprinkling water on the floor. I am sure that many persons have additional cause for their sleeplessness in the dry air they inspire in the bedrooms of hotels, after doing a hot season on the continent of Europe. They are committed, perhaps late at night, to a room that has been shut up and baked by a fierce sun all day, and that has not had an ounce of water in it for days. To open the windows may entail a plague of mosquitoes, or give entrance to a still more deadly malaria. In such a case, I recommend a very free distribution of water to various parts of the floor. I have known quarts of water to evaporate in a single night when used in this manner, showing the urgent necessary for the employment of it.† The same condition of dryness is met with in winter in all apartments warmed by artificial heat. This is not felt where there are open fireplaces; but, if stoves be employed, then all the unfavourable conditions for insomnia are present, unless the amount of heat and moisture be duly regulated. According to Dr. Cornelius Fox, air containing a healthful amount of moisture, exhibits a difference of about five degrees between the wet and dry bulbs of the hygrometer. If the difference be greater, moisture should be added.

As to the best posture to assume on going to sleep, I think little need be said. Dr. Radcliffe has lately recommended natural decubitus to ensure sleep, but, lest this seem paradoxical, it should be added that this advice is for bedridden persons, the subjects of chronic nervous disorders, and the plan suggested is in opposition to a sitting posture to be maintained during the day by a suitable bed-support. In the case of otherwise healthy people who suffer from heat and throbbing in the head as part of their insomnia, a posture with the head somewhat high is desirable in order to promote sleep upon physiological principles. A hard pillow should also be employed in such cases.

In conclusion, I would remark that the best knowledge we now possess, as to the action of the drugs commonly used to secure sleep, shows us that both bromide of potassium and chloral hydrate cause diminished flow of blood through the brain; and hence, as in many similar cases, the advance of the science of therapeutics has shed light upon the mysteries of pathology.—*Brit. Med. Journal.*

*Townspeople resorting to the seaside very commonly experience marked sleeplessness during the earlier part of their stay; and the same is sometimes the case in the pure air of the country. Long continued exposure to air, as Dr. Handfield Jones has remarked, is a powerful inducer to sleep; but it is to be observed that the air must be pure, and, if possible, of bracing character. Long continued exposure to the air and ochlotic miasms of large towns is by no means so effectual an hypnotic.

†It is highly probable that ozone is generated by such a procedure as I recommend. Dr. Cornelius Fox's observations on the "Purification of Air by the Vaporisation of of Water," in his book on *Ozone and Antozone*, and his paper on "Coke as a Fuel in relation to Hygiene," should be read by all interested in sanitary matters.

OVARIOTOMY–DRAINAGE TUBE PASSED FROM THE PERITONEAL CAVITY THROUGH THE VAGINA.

This case was treated at the Addenbrooke's Hospital, Cambridge, by Prof. Humphrey, and is reported in the *Lancet*, (Oct. 18th, 1873). The subject was a widow aged fifty-two, admitted Feb. 7, 1873, who had been tapped twenty-one times. The abdomen measured five feet in circumference a little above the navel. The operation was performed Feb. 7, under Chloroform, by an incision four inches long, which was made as near to the pubes as possible, for the purpose of avoiding the region of the trocar punctures, where adhesions were most to be expected. The linea alba was carefully divided, but a gush of fluid showed that the sac had been opened. The fluid was allowed to flow away, and the sac was accordingly emptied. It proved to be adherent to the whole of the fore

part of the abdominal wall, and some difficulty was found in tearing through the adhesions. This was, however, ultimately done, and the sac was removed without enlarging the incision first made, and with very little exposure of the contents of the abdomen. The pedicle was long. A clamp was applied. Two vessels in the plevis bled briskly. These and four others on the inner surface of the abdominal wall were tied with catgut ligatures, which were cut off close to the knots. There was still oozing from many points into the abdominal cavity; accordingly, the precautionary plan suggested by Dr. Marion Sims was adopted. A trocar with canula was passed from the recto-uterine pouch of the peritoneal cavity into the vagina; a long perforated drainage tube was then introduced through the canula, and the latter having been withdrawn, the tube was left, one end being brought externally through the vagina, and the other through the lower part of the wound. The two ends were secured by being tied together. The wound was closed with catgut sutures, and pads and bandage were placed on the abdomen.

After the operation there was no great amount of shock, neither did the temperature at any time exceed 101°. The looseness of the bowels, which existed before the operation, continued for some days. During the first three days a large quantity of sero-sanguinolent fluid passed through the drainage-tube. This stopped completely, and the tube was removed on Feb. 23d. The clamp separated on Feb. 25th. The external wound healed without trouble, and the patient recovered without any unfavourable symptom.

In another case, in private practice, since operated on, the same plan was adopted, and with like good result.—*Med. News and Library.*

OXYGENATING REMEDIES.

Under this name are embraced several remedies, which, when introduced into the blood, lead by their decomposition to a liberation of oxygen. They are best known in this country, in England, and in Belgium; and in the latter Dr. Van den Corput has made a number of experiments to show their efficacy and demonstrate that the alkaline hyperchlorites are to be preferred to the chlorate of potash, recommended by Dr. Smith. Lately Dr. Richardson, of London, has introduced into practical medicine the use, for this purpose, of per oxide of hydrogen, the dose of which is from a half drachm to a drachm daily. These remedies are indicated in two classes of affections, viz., those in which respiration is imperfectly carried on, and those which depend upon incomplete nutrition. They render valuable service in asthma, pneumonia, croup, certain heart affections, and are none the less valuable in stimulating the forces which govern nutrition, oxygen being one of the best of tonics.

Dr. Van den Corput has had considerable experience in the administration of a mixture of hyperchlorite of soda with cod-liver oil. The latter is administered as an aliment, but when given pure is frequently attended with bad results. When there is a deficiency of oxygen in the blood, owing to pulmonary lesions, it becomes very often injurious to increase the carboniferous elements of the blood without associating with them elements capable of furnishing the oxygen for their combustion.

Dr. Foster, of Dublin, has, on his part, published two cases of occlusion of the foramen of Botal, in which he has been able to show in the most evident manner, the influence of chlorate of potash and peroxide of hydrogen upon the phenomena of hematosis. In these two infants the cyanosis was accompanied with evident lowering of temperature, especially in the extremities. Chlorate of potash, in doses of fifteen to twenty centigrammes, caused a diminution in the degree of cyanosis and an elevation of five to six degrees in the temperature of the fingers. The peroxide of hydrogen, however, produced results even more marvellous, causing the cyanosis to nearly disappear and raising the temperature of the feet and hands to quite the normal degree. This improvement, in order to be maintained, required the continuous use of the remedy.—*Jour. de Med. de Bruxelles* and *Lyon Med.; Med. Record.*

SOME OF THE THERAPEUTIC USES OF COLD WATER IN THE TREATMENT OF HYPERPYREXIA AND OTHER MORBID STATES.

WITH CONTRA-INDICATIONS GROWING OUT OF INSUFFICIENT HEART-ACTION, ESPECIALLY IN PNEUMONIA.*

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The use of cold water as a therapeutic agent dates from an early period in the history of medicine. It is an old remedy, and it is therefore difficult to say much about it that is new. Indeed this is not my ambition, as my paper abundantly proves. I rather seek to attract attention to the use of cold baths in *lowering excessive heat of the blood*, and to present some facts bearing upon the general subject of hyperpyrexia.

Before reaching this point, however, I desire to

* Read before Kings County Medical Society, Brooklyn, N. Y.

say a word as to the mode of action of the cold bath, or cold douche, on the human organism: for it bears directly upon the varied action of the remedy as a therapeutic agent.

A simple mechanical view of its action has so long occupied the popular mind, that the physician often encounters great and unfounded prejudice in its use. Fear is expressed that it will "drive in the disease," or that the patient will "catch cold" from the sudden shock of water applied to the surface. All these notions are derived from physics, and the laws of dead and inorganic matter, and should find no place in the mind of any intelligent physiologist, For if it be true that the fluids are driven from the surface on one occasion and drawn to it on another, just as if the skin represented two sides of a hydraulic machine, why is it that we use the cold dash, or cold applied in some form, to arrest internal hemorrhage? Anatomically we find no direct vascular connection, for instance, between the skin and the uterine blood-vessels. There intervene skin, cellular tissue, superficial fascia, cellular membrane; again, deep-seated fascia, muscular tissue, peritoneum, etc. How, then, does cold applied to the surface constringe deep-seated blood-vessels? Evidently through an excitant and constringing influence reflected from the nerve-centres.

Between the skin and mucous membranes everywhere there is an evident nervous connection. Anatomically and physiologically they are also closely identified; so that an excitant impression upon the skin is directly communicated to mucous membranes. This is sometimes explained by the vague term "sympathy." We rest satisfied with the general statement, that parts having similar anatomical structures have similar functional activities, and that when diseased, they "sympathize" with each other. The true explanation, however, in this case is based on the law of reflex nervous action. An excitant impression made upon the sensory nerves of the skin is communicated, first, to nerve-centres, and from thence reflected to the veso-motor nerves which so abundantly supply capillary circulation. And this impression is readily communicated to mucous membranes; perhaps for the reason already stated, namely, similar anatomical resemblances; and when we remember that internal hemorrhage usually takes place from mucous membanes, the action of cold as a hemostatic becomes at once apparent. The hemorrhage is arrested by reflex contraction of the capillary blood-vessels.

In this respect cold resembles somewhat electricity and galvanism, and this is especially the case in what is called "transition baths," as practised by the Greeks and Romans of ancient times, and recently revived in our own country. By means of sudden alternations of heat and cold, the extensive network of cutaneous sensory nerves is brought into relation with the vaso-motor, nutritive, and secretory system; passive congestions are dispersed, and nutrition improved. Its action as an anti-congestive remedy is not unlike quinine. Indeed according to the observations of Dr. L. Fleury, congested spleen or liver will sometimes rapidly diminish in volume under the use of the cold douche. And Brown-Séquard says that, in a series of carefully conducted experiments made some years since, he found that dipping and hand into water at freezing-point produces in the other considerable contraction of blood-vessels. These experiments led to the alternate use of cold and hot water in the treatment of *spinal affections*. "I have often," he says, "applied with benefit cold and hot water to the spine, with the view of producing contraction of the blood-vessels of the spinal cord." And he speaks also of deriving benefit from alternate applications of ice and hot poultices in the teatment of neuralgia, and expresses the opinion that it operates remedially by "modifying the nutrition of the nerve-centres, and particularly the base of the brain."

The same treatment is advocated by Dr. John Chapman, in *The Medical Times and Gazette*, July 1863, and in *The Year Book of Sydenham Soc*. He claims to have discovered that "a controlling power over the circulation of the blood in the brain, in the spinal cord, in the ganglia of the sympathetic system, and, through their agency, in all the organs of the body, can be exerted by means of applying ice and hot water to different parts of the back." He speaks with much confidence of this plan of treatment in varied affections of the nervous system, such as *epilepsy paralysis, disordered menstruation, constipation, coldness of the surface etc.*

Following the suggestions of Brown Séquard and Chapman, I have been in the habit, for years of recommending either the local shower-bath, or the "transition bath" (hot and cold), to the base of the brain and upper part of the spinal column as a *general nerve tonic*, and I have found it useful in strengthening the body. It is true I have generally advised it in connection with iron, quinine and other tonics. But as a nerve tonic in cases of general debility, in perhaps more than any single measure lessens morbid sensibility to the impressions of cold, and aids in giving permanent firmness and steadiness to nerve-action generally.

I have alluded to the well-established effects of cold in the arrest of hemorrhage, and to the probable facts as to its mode of action. Indeed, the proofs of the reflex influence of cold water upon blood-vessels at a remote point are among the most valuable recent contributions of physiology to therapeutics, and they furnish, in my estimation, a reasonable explanation of the action of the same remedy in *inflammatory* affections of deep-seated organs. In the more superficial inflammations

here cold can be continuously applied, there can e no doubt of its benefit when resorted to with dgment and discrimination. It is, of course, ily applicable to the early stages of inflammation ith marked elevation of temperature, and absence any sense of chilliness. We should rely greatly its use, upon the *thermometer* and the *sensations the patient.*

Of late years, belief is gaining ground in the ficacy of cold applications in the treatment of flammations of *serous tissues.* To every practi-oner the practical question presents itself as to hether he shall apply hot or cold applications in ie first or forming stages of these inflamations. ome are partial to one, some to the other. As a ile, German practitioners resort to cold applica-ons. "At the commencement of an attack of leurisy," says Niemeyer, "I cannot sufficiently commend the use of cold and of local blood-let-ng." And in acute peritonitis, he says he has en "the best results, in cases that were amen-ble to any treatment, from covering the entire bdomen with cold compresses, and renewing them very ten minutes." He regards leeches to the omen, the use of cold, and the internal admin-tration of opium, as the most effective treatment.

It must be remembered, however, that, in all ases of peritonitis, the tendency to death is at the eart, and increased feebleness of heart-action, as shall more fully state in a moment, contra-indi-ates the use of cold to the surface, without at east giving stimulants as the same time.

Prominence has been recently given to this oint in considering the use of the cold bath, or old applications, in the treatment of *peneumonia.* ts use may, however. be exceptionally dangerous n this disease. What, then, is the danger in neumonia? And can the objections to the use f the cold bath, as a general antipyretic, be in any ay overcome? These are interesting practical oints, and can be answered only by a clear com-rehension of the natural history of the disease un-er consideration. This I can state only in brief.

In a somewhat general sense, then, pneumonia resents two main points for our consideration; st. *Restriction in lung function*; 2d. *Fever.* There re other points of interest, but these are the ones ith which we are chiefly concerned at present. Now, what relation, it may be asked, does the local esion sustain to the heart-action?

This whole subject is ably discussed in a recent linical lecture by Prof. Jurgensen, of Kiel (Prus-ia). He maintains the position that the immed-ate cause of death in pneumonia is "insufficiency f heart-action." I cannot give, at length, the in-enious process of reasoning by which he arrives t this conclusion. Briefly stated, it is something ke this: The pneumonic exudation affects an in-reased resistence to the lung circulation, and herefore imposes a greater demand for work upon the right ventricle. This increased resistance to the circulation of blood in the lungs causes correspondingly increased labor of the heart in order to effect a complete exchange of gases. The *high temperature of the blood*, according to Prof. Jurgenson, is an important and dangerous element in pneumonia, as in many other forms of disease. With the rising of bodily heat, rises the frequency of the pulse: the labouring time of the heart is increased, and the time of rest lessened; carbonic acid is increased beyond the moral amount, and must be eliminated quicker than in health. This requires, of course, increase in the force of the heart and the respiratory muscles.

But the fever, we are told, leads to "degeneration of the muscular fibers of the heart," and lessens its power at a time when it is already overtasked by its efforts to overcome the resisting pulmonary exudate. Now this loss of contractile power, growing out of failure of nutrition in all high febrile states, will be the most severely felt in those parts whose expenditures are the greatest, and these are the constantly laboring muscles—the heart and the respiratory muscles. Hence the great danger, in pneumonia, of the heart losing its contractile force. This, according to the views here presented, is the "dead point of danger"—not so much the local disturbance in the lungs; else why, inquires our author, do we find, soon after the natural crisis has set in, say the fifth or seventh day, such marked subsidence of all subjective phenomena, notwithstanding the continued infiltration of lung-substance? "*The fever*," says Jurgensen, "*is the most dangerous enemy of the heart . . . . With the cessation of the fever, the power of the disease is broken.*"

How, then, shall we subdue the fever, which is the "dangerous enemy in pneumonia?" Shall we resort to cold applications, as in pleurisy, peritonitis, etc.? In the hospital at Prague we are told that "every acute sthenic pneumonia is treated with cold compresses;" and Smoler says, "it is exceptional for a patient not to feel material relief from this treatment." And Niemeyer has made extensive employment of cold in "croupous" pneumonia, as in pleurisy and peritonitis, and, relying upon a large number of very favorable results, says he can recommend the practice.

Prof. Jurgensen is also partial to cold water as a febrifuge. He states that, to his knowledge, nobody has employed the bath so frequent, so cold, and with such untiring energy, and that he has never had any reason to regret the practice; and yet no one more clearly recognizes than he *à priori* objections that may be raised to the cold bath—that is, if not accompanied by the use of stimulants. What are some of these objections?

In the first place, contraction of the vessels of the periphery, caused by the cold bath, brings on increased resistance to the blood-current, and with

it increased labor of the heart, which, we have seen is already enfeebled by the fever, by increasing labor, and by increased resistance in the consolidated lung-tissue.

That during a cold bath, therefore, a fatal collapse may ensue in pneumonia is a clinical fact of great practical importance—one that is to a certain extent exceptional; and hence the prominence I have given to the subject in this connection. Under no circumstances should cold baths be resorted to in pneumonia, in cases of aged people, very fat people, debilitated people, and finally those suffering from heart-disease. And, if none of these considerations forbid its use, the heart-action should always be supported by stimulants at the time of the bath. Of these I will mention alcohol as most rapid in its action; quinine, as the most permanent. If there is any doubt as to the failure of heart-action, quinine is the remedy above all others, for the reason that while it diminishes temperature, it tones and strenghtens at the same time the failing muscles of the heart. As a general febrifuge and cardiac stimulant, digitalis should also be mentioned in this connection as a valuable addition to the quinine. But, with a purely antipyretic method, Liebermeister claims to have brought down the mortality in "croupous" pneumonia from 24.4 per cent. to 8.8 per cent. But the value of this exclusive treatment certainly requires to be confirmed by further experiment before it can be generally received. Moreover, our pneumonias in this country vary so greatly in their type, and in different localities. that all exclusive modes of treatment are out of the question. Indeed, quinine and stimulants are, in many cases, indicated from the first.

I have dwelt mainly upon the uses of the cold bath in the more inflammatory types of pneumonia, because it brings up the question of *excessive blood-heat* upon the body, and especially—for reasons suggested—upon the *heart* and *respiratory muscles.*

It cannot escape the attention of the general professional reader, that growing attention is given to the danger resulting from simple *increasc of bodily temperature.* Without discussing the question as to the cause of the fever, we are beginning to discuss its effects upon the organism as a dangerous element of disease *per se.* Trousseau says: "Few persons recover from enteric fever if the temperature exceeds 105°." This may be too dogmatical in its statement, but it is an approximation to the truth. Fever is a dangerous element of itself, and it is beginning to be more and more recognized as such. In typhus, typhoid, and other infectious diseases, "the greatest danger," says Niemeyer, "is from the severity of the fever." This danger he regards as a double one. On the one hand, the increase of the bodily warmth above a certain point—say 108°—"induces paralysis of the heart and renders life impossible;" while, on the other hand, "continued increase of the production of heat, or increased tissue metamorphosis, induces consumption of the body of the patient." The exhaustive effect of the fever is compared to that of excessive bodily fatigue.

In the treatment of these fevers, Niemeyer urgently advises the *abstraction of heat*, and speaks of cold affusion, or the cold bath, as one of our most valuable antipyretic agents. This will be recognized, however, as an old remedy in fevers. It was a favorite with Galen, and still more so with Currie; and, at a later period, with our own countryman, Nathan Smith. At the present time Niemeyer and others urge only what Currie so enthusiastically wrote about during the latter part of the last century. His *Medical Reports on the Effects of Water, Cold and Warm, as a Remedy in Febrile Disease*, are among the most eloquent contributions to the professional literature of his time, and his recommendations have been followed with much success. Armstrong, who wrote so well on fevers at a later period, speaks no less enthusiastically of the febrifuge virtues of water. He adopted, substantially, Currie's mode of using it.

Niemeyer has somewhat modified his mode of using cold water. Formerly when the bodily temperature had risen to a dangerous height, and there was occasion to lower it, he had his patients "wrapped in cold wet sheets, and the proceeding repeated at intervals of ten or twenty minutes until the desired end was attained." But, observing that there was occasional exhaustion along with the retardation of the pulse, he more recently doubted the propriety of such sudden and persevering abstraction of heat. He raises the question, very properly I think, as to whether it is not possible to exhaust the patient by an "excessive increase of the production of heat," comparing it, as already stated, to the effect of excessive bodily exercise. He now resorts to less sudden and less energetic abstraction of heat than formerly. His plan is substantially that recommended by Ziemssen: "As often as the temperature rises above 104° the patient is placed in a bath whose temperature is about 10° below that of his body, or about 95°." The temperature is gradually reduced to 68°, the patient remaining in till he is slightly chilled. He is then placed quickly in a warm bed. This is repeated at first four or five times a day; subsequently it is reduced to two or three. If quinine is used in two or three grain doses at the same time with the abstraction of heat, he thinks we are not obliged to use the baths so often.

In the inflammatory stage of our autumnal or remittent fevers, in which there is marked elevation of temperature, with dry, hot skin, cold affusion frequently proves to be a valuable sudorific. My experience with it in this class of fevers in the West and South-west has been extensive, and I can speak, therefore, with confidence as to the value of

the treatment. In all malarious forms of remittent fever the exacerbations are characterized by very sudden and marked elevation of temperature. It is not unusual to find a temperature of 105° or 107° during the first or second paroxysms of the fever. Now, practically it is found extremely difficult to produce diaphoresis by drugs when there is such excessive heat of skin. A patient rarely sweats at a temperature above 102°. The degree of heat called the "sweating point" is essential, and nothing secures this so well, so speedily, and so surely as affusions of cold water. Shower a patient at 105° or 106° until he feels a slight sensation of chill, then wrap him in warm blankets, and as a rule, he will sweat profusely. I have arrested many simple malarious remittent fevers by one or two cathartic doses of calomel, the use of cold water during the pyrexia, followed by large anti-periodic and febrifuge doses of quinine. If the temperature in these fevers is 104° or more, skin dry and hot, pulse frequent, brain excited, and back aching, I am confident we give our patient the speediest relief in the shortest period and simplest manner by cold affusion. It rapidly lowers the temperature, and tends to the production of free perspiration.

Among the exanthematic fevers, the temperature of the skin is perhaps hotter in *scarlatina* than any other, and in none do we derive greater benefit from sponging or the cold affusion of water. Currie was of opinion that it "extinguishes scarlatina," preventing the eruption, and arresting the further progress of the fever. He considered it applicable only to the forming stage of the more sthenic forms of the disease, when the temperature was from 105° to 108° F. His plan was "to strip the patient and dash four or five gallons of the coldest water to be procured over his naked body." The affusion was repeated as the obstinacy of the fever indicated.

Many practitioners, of latter date, have followed the suggestions of Currie. Dr. Laycock, of Edinburgh, has resorted to cold affusion and the wet sheet with very marked advantage; and I believe the profession everywhere to-day, although perhaps less enthusisiastic than Dr. Currie, regard the practice with favor. When the febrile action is free and strong in the inflammatory or anginose form of the disease, the little sufferer, restless, burning with fever, and exhausted for want of sleep, will often perspire freely and fall into a sweet slumber after the use of the bath. If there is any doubt as to the propriety of further use of the shower bath, or sponging with cold water, the inunction of oily substances, or sponging with tepid water to which small quantities of glycerine are added, may be substituted.

If the time allotted to the present paper permitted, I might multiply instances of the value of cold water in all *overheated conditions of the blood.* The testimony is constantly increasing and becoming more specific on this point. Wilson Fox, M. D., Prof. of Clinical Medicine in University College, London, has recently published an exceedingly interesting monograph *On the Treatment of Hyperpyrexia, as illustrated in Acute Articular Rheumatism, by the external Application of Cold.* The dangerous effects of excessive temperature have specially claimed his attention. In a carefully observed series of cases, he found that when the temperature suddenly rises from 103° or 104° to 107°, 108° or 109°, the case usually proved fatal within one or two hours after the temperature of 109° had been attained. This sudden rise of temperature is regarded by Wunderlich as one of the phenomena of death; indeed it often continues, and sometimes increases, for one or two hours after death.

Fox publishes a number of cases, in which, by repeated immersions in the cold bath, life was protracted for nearly thirty-six hours after the temperature in acute rheumatism had reached 109°. But, notwithstanding the great and imminent danger of sudden and high rise of temperature, he reports many cases in which rapid full of temperature and recovery followed the cold bath. One case is specially notable from the gravity of the symptoms, which indicated speedily approaching death. The temperature rapidly rose from 107.1° to 109.1°, when the patient became entirely unconscious. She was put in a bath of 96°—"unconscious, pulse imperceptible, the face in the highest degree cyanotic, and the breathing such as commonly precedes the act of death." In five minutes after she was in the bath, the temperature in the rectum was 110°. Ice was placed on her chest and on her abdomen; a bag filled with ice was also placed to her spine. Within fifteen minutes the temperature in the rectum had fallen to 109.1°, in five minutes more to 108.4° (the average temperature of the bath being then 66°); and thus it continued to fall. Within an hour and a half from the time she was put in the bath, the rectum temperature was 99.5°, the circulation was restored, and consciousness had returned. Brandy was freely given; the patient took six ounces within an hour. The subsequent treatment consisted in resort, from time to time, to the cold bath, and the application of ice as before, to counteract returning elevation of temperature—the free use of quinine, brandy, beef-tea, milk, and eggs. At the end of a week "the patient sat up in bed and ate a boiled sole for dinner." In this case—and it only illustrates many others—the immediate cause of the dangerous symptoms was undoubtedly the *sudden elevation of temperature.*

I cannot follow out the many interesting observations of Fox in the use of the cold bath in the treatment of hyperpyrexia, especially in accute articular rhematism. His records are among the most interesting of modern medical literature, and

clearly demonstrate that, so far as we at present know, the application of cold to the surface stands unrivalled as an antipyretic in all cases of excessive elevation of bodily temperature.

I have thus far, it will be observed, spoken of the uses of cold water as a hemostatic, a general nerve-tonic, an antiphlogistic, and a general and most valuable antipyretic. But the advantages of modern hydropathy are perhaps more clearly illustrated in the treatment of *abdominal affections* than any others. Many such cases have been overdrugged, their nervous system disturbed, their digestion impaired, their nutrition at fault; or perhaps they may be worn out from habits of dissipation and luxury. What they often need is what they will not, as a rule, submit to in private practice, namely: a thorough system of *hygiene*;—sunlight, fresh air, systematic exercise, the shower bath, the douche, the pack, frequent draughts of pure cold water instead of more doubtful beverages, simple diet, milk, brown bread, and rest of body and mind, such as they find at the best hydropathic institutions of the country. These hygienic agents, intelligently administered, often effect cures when drugs alone had failed—when, indeed, drugs are positively injurious.

But the varied therapeutic uses of water, and the several plans of application, such as by *irrigation*, *ablution*, *affusion*, the *douche*, the *shower bath*, and the *pack*, do not come within the general scope of this paper. It has been my object, mainly, to revive the discussion of an old subject, and especially to attract attention to the use of the cold bath in all cases of excessive and dangerous elevation of temperature. In our eager search for "new remedies," we are prone to forget old ones, and especially such as nature furnishes us so bountifully as water. Some of us, of late years, in our enthusiasm of progress, have almost forgotten, if we ever knew, that Currie and Armstrong, and Jackson and Forbes and Smith wrote so well and so truthfully about the virtues of water.

Attention is directed in the paper to the following point:—

1st. That the therapeutic action of water, as a hemostatic agent, is mainly and primarily upon the nervous system, and through that upon the capillary blood-vessels.

2d. Its direct action as a sedative in the treatment of some forms of inflammation, with suggestions as to its mode of application.

3d. Some points in the natural history of pneumonia, the effect of *excessive temperature*, especially upon the heart and respiratory muscles, and the necessity of using cardiac stimulants when resorting to the cold bath.

4th. The danger, in the essential and others forms of fever, from the *increase of bodily temperature per se*, and its effects in producing paralysis of the heart; together with the value of cold baths or spongings in such cases as an antipyretic.

5th. And lastly, the uses of the shower bath, the douche, and the pack as general hygienic agents in the management of chronic, abdominal, and nervous diseases.

In my hurried presentation of the subject, I have purposely avoided detailed statement as to the mode of applying cold water in medicine. Nor have I dwelt upon its dangers other than in pneumonia. All these questions I leave to the individual judgment of the practitioner, trusting that the merits of the remedy may secure for it the consideration it deserves. A a remedial agent it has been subject to great vicissitudes of fortune; and that its virtues may have been greatly exaggerated in the past, is no reason why we should allow a valuable remedy to fall into comparative disuse.—*Med. Record.*

SURGICAL NOVELTIES OF 1873.

The surgical novelties of the year may be put down as three in number. First comes the Aspirator, which, though originated by Dr. Protheroe Smith, has received an extended application from Dr. Dieulafoy of Paris, who read a paper on the subject at the meeting of the British Medical Association, and has also published a work in English. Although the majority of surgeons will probably not be prepared to use the instrument in every sort of case with the enthusiasm of its author, there can be no doubt that it is often of great advantage to be able to extract fluids from deeper parts of the body with safety and certainty. The second novelty is the introduction of a bloodless method of proceeding in cases of amputation and other operations on the limb, by means of an elastic bandage by which the limb is blanched, and a circular elastic cord which compresses both the arteries and veins of the limb. This plan, proposed by Professor Esmarch, was introduced into this country by Mr. MacCormac, and has been adopted in some form by most hospital surgeons. It remains to be seen whether there are any drawbacks to the system, and especially whether embolism is likely to result in certain cases from displacement of clot which may have already formed in the veins of a damaged limb. The third novelty is the use of the elastic ligature for the division of soft parts—e.g., the breast—proposed by Professor Dittel, of Vienna, and quite recently introduced into this country by Sir. H. Thompson. The practice is too recent for surgeons as yet to have fully appreciated its merits, but our impression is that cases will be found to be few in which the use of the knife will be snperseded by the necessarily tedious process of the elastic ligature.—*Lancet.*

A NEW APPARATTS FOR THE TREATMENT OF FRACTURES OF THE PATELLA.

BY W. J. WHEELER, M.D., T.C.D., L.R.C.S.I.,
Surgeon to the City of Dublin Hospital.

* * * In the apparatus now or the table, is a hollow wooden splint, 4¾ inches wide, and extending from above the middle of the thigh to the sole of the foot, at which point a footboard is attached by means of a hinge; this splint having two transverse bars, is fitted into a long box-splint, the sides of which are forty inches long and six inches in depth, in which it travels horizontally. That portion of the splint on which the limb rests can be elevated or depressed as required, by means of perpendicular slots cut through the sides of the box-splint. Thus, the splint can be adjusted to suit a long or short leg, the limb can be elevated or lowered at pleasure, and the foot placed at any angle. This hollow splint is fixed in position by means of thumb-screws which fit into the transverse bars before mentioned; two semilunar pieces of metal, softly padded, are fixed one above the other below the fractured patella by means of leather straps which pass round the limb, the leg is secured to the splint by means of two broad web straps, one round the calf the other at the ankle; the foot can be bandaged to the foot-board; a roller with each adjustment is fitted in the box-splint below the foot-board. From this roller start four cords, which passing through brass sheaves, are attached, two to the upper and two to the lower metal pads by means of chains and light-hooks. The roller is turned by means of a key, and acting on the cords, causes the metal pads simultaneously to approach each other, thereby bringing the fragments into opposition; the rack is covered by a brass box, which can be locked, so that the adjustment of the splint cannot be interfered with by the patient.

The advantages of this apparatus will be more briefly detailed by comparison. To those who advocate Malgaigne's hooks, I claim all the advantages without the objections; my splint provides for the position of the limb, Malgaigne makes no such provision; this apparatus will procure perfect coaptation of the fragments without penetrating the soft parts, without the pain and irritation frequently caused by the hooks. In several cases treated in London by Malgaigne's method, erysipelatous inflammation has endangered both the limb and life of the patient. It is superior to Sir A. Cooper's method, by drawing on both fragments, and can make well-maintained traction on the lower as well as on the upper fragment if necessary—and over both the plans just mentioned, by its being able to exert greater or lesser force on each fragment, as the case may require. It would be tiresome were I to enter into a comparison with all the other contrivances that have been used for this fracture.

In conclusion, I will only add, that not only is this splint suitable for the fracture for which I have introduced it, but I believe also for fractures of the thigh or fractures of the leg.—*Med. Press and Circular.*

INCREMATION.

No less distinguished a member of our profession than Sir Henry Thompson has accepted the inevitable odium of the *profanum vulgus*, by attaching his name to a manifesto in favor of incremation as a means of disposing of our dead. Several months since the *Medical Press and Circular* took the lead amongst the British medical periodicals in a review of the continental views on the subject, and since then the proposition to reduce to ashes the bodies of our dead has attained—if not favour—at least toleration.

Sir Henry Thompson has—in contributing largely to the conversion of public prejudice—done something to make the proposal distasteful and ridiculous by his suggestions for the economical uses of the products of incremation. We do not consider it an unreasonable public prejudice which offers vehement objection to the utilisation of the remains of our friends for gas or manure, and the applicability of incremation in this way would not be generally possible or of any material advantage if it could be carried out.

The scientific arguments in favour of the burning of our dead are complete and unchallengable. By so doing we would carry out rapidly, and without disadvantage to others, the process of decomposition which now occurs slowly, and at the expense of disseminating the most noxious effluvia into the atmosphere which we breathe. Moreover, good taste and respect for the dead ought certainly to exercise their promptings in favour of incremation, for our association of idea with the rank churchyard, and corrupted remains must inspire, one would suppose, a loathing which does not attach to the ancient funeral honours of the pyre.

Humanity of feeling and sanitary advantages alike speak in favour of the proposition, and it only remains to educate the public out of their present prejudices to solve one of the most difficult sanitary questions of the day.—*Med. Press and Circular.*

THE HYPODERMIC USE OF ETHER—has been found beneficial in collapse from hemorrhage. It is injected till the breath shows its presence. There are no unpleasant local effects.

Medical Items and News.

A recent advertisement states that competent agents are wanted for the sale of a new medicine, "which will be very profitable to the undertaker." —*Med. & Sur. Reporter.*

The everlasting pill of the ancients consisted of metallic antimony, which, Dr. Paris says, being slightly soluble in the gastric juice, was supposed to exert the property of purging as often as it was swallowed. Imagine *one* pill for the repeated use of a whole family for their lives!

"If you are unlucky enough to sever a man's carotid artery," said Nelaton, "remember that about two minutes must elapse before syncope takes place, and as many more before death supervenes. Now four minutes are just three more than are needed for binding a ligature, *provided you are not in a hurry.*

Pulse of various Animals. — Vatel, in his "Veterinary Pathology," gives for our domestic animals the following pulse: Horse, from 32 to 38 pulsations per minute; ox or cow, 25 to 42; ass, 48 to 54; sheep, 70 to 79; dog, 90 to 100; cat, 110 to 120; rabbit, 120; guinea-pig, 140; duck, 135; hen, 140.

Chloral Hydrate in Puerperal Mania.—A case is reported in Tilden's *Journal of Materia Medica* for November, 1873, in which, after two weeks of violent insanity, treated without permanent benefit by other sedatives, the disease yielded promptly to chloral hydrate, 20 grs. every two hours till 60 grains were taken.—*Pacific Med. Jour.*

Sugar and Magnesia an Antidote to Arsenic.—The *Mouvement Medical* relates various experiments conducted by Mr. Carl, with the result of showing that sugar, mixed with magnesia, may serve as an antidote in cases of poisoning by arsenious acid, in which cases, too, the internal use of the hydrated magnesia is most valuable.—*Lancet*, Aug. 2, 1873.

The Diagnosis of Lipomata.—An excellent suggestion is made in a French Journal. A character peculiar to lipomata resides in the property belonging to all fatty tumors, of hardening under the action of cold. When, after the use of ice or the ether spray, in the case of a doubtful tumor, the growth is felt to become harder, the presumption is that the case is one of lipoma—*Med. and Sur. Reporter.*

It has been ascertained that during the past year £80,000, in donations of £1000 each, have been given to the various London charities anonymously, and in nearly every instance it is thought that this disinterested work of charitable munificence has been by one and the same individual. There has also been one anonymous donation of £5000, and probably nearly a quarter of a million in smaller sums.

Health of London.—The number of births registered in the metropolis during the past week was 1,702, and deaths 1,540. The births were 352 and the deaths 156 below the average numbers in the corresponding week of the last ten years. The death-rate which in the two previous weeks had been 27 and 28 per thousand of population, declined last week to 24 per thousand.

Local Use of Iodoform.—This substance has been used by Dr. Parrot in sloughing ulcer of the vagina, with great success. Generally in two or three days it stops the extending course of the disease, and cicatrization rapidly takes place. Iodoform is as successful in these cases as in bubo or fungous sores. It must be applied plentifully. The sores must be first well washed and cleansed, and then covered entirely with the powder. Sometimes, when the ulcer is very moist and there is much loss of substance, it is useful to put on two dressings daily.—Ibid.

The question of introducing homœopathy was presented to the faculty of the University of Naples a few months ago, eliciting the following reply: "The University of Naples is not a proper field for instruction in homœopathy, because the rational medicine which is imparted here on the natural sciences, excludes allopathy as well as homœopathy, or any other absolute system or dogma. The study of rational medicine is as far removed from the ancient allopathy, with its blood-letting and purgation, as from the recent delusion of homœopathy with its ridiculous infinitesimal doses and similia similibus medication."

Chloride of Potassium in Epilepsy.—Dr. Lander uses chloride of potassium instead of bromide of potassium in epilepsy. He mentions the following advantages in the employment of the substance: "It is more active, is but one-sixth of the cost, and has not the secondary effects of the bromide. He begins with small doses, but has been able to continue the use of the substance for months without any inconvenience in daily doses of from one drachm to a drachm and a half. According to Dr. Lander, bromide of potassium is transformed into the chloride in the stomach. This is therefore an additional reason for prescribing it at once in this latter form."—*Scalpel, Belgium.*

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TORONTO, FEBRUARY 2, 1874.

HOMŒOPATHIC LICENSING BOARD, WITH UNIVERSITY POWERS.

It has always been the dexterous policy of Dr. Campbell to obtain the ear of persons of official rank in the Government without any regard to the mutations of politics, and in this we recognize the versatility of his powers of *savoir faire* and *savoir dire*. The public as a rule take little interest in the dogmas of school men, and when applied to for signatures to petitions against alleged grievances, unthinkingly support with their names an application for unfair class legislation. These petitions industriously circulated, and for the reason above stated numerously signed, help to impress on the members of the Legislature the idea of a grievance, which as we think in our "Extra" we have sufficiently demonstrated to have no existence. This erroneous opinion of disability is essentially serviceable to the Homœopathic branch of the Medical Council at the present time, when we are endeavouring to procure from the Legislature amended medical legislation, for the interests alike of the public and the profession. Whether this denominational influence, or supposed influence will, prevail against the appeal of the great body of practitioners to the Legislature is a question, to one side of which we are too deeply pledged to give an unbiased opinion, but of this we are certain, that should it prevail all hope of elevating the standard of medical education, general as well as professional, is at an end, the era of free trade inaugurated, and no other way left us for drawing a line between the educated physician and the blatant ignorant quack, but by extensively organizing Medical Associations; the qualifications for membership differing "toto cœlo" from the royal and easy road proposed by Dr. Campbell for enabling a man to affix M.D. to his signature. We presume the Doctor in his present iconoclastic mood will decide upon the vernacular rather than the Latin for the wording of his *degrees* (save the mark) and thus screen the possessors from the inconvenience of being asked to translate them. He has surely forgotten the general purport of the oath required by his *Alma Mater* at the time of his graduation, otherwise he could hardly reconcile to his conscience an attempt to bring University degrees into contempt by ranging them alongside such abominable counterfeits. We cannot for a moment suppose that the various universities of the Dominion will quietly and without an effort submit to this high-handed attempt of wresting from them their hitherto exclusive powers of conferring well-merited degrees—this insolent desire for underrating the value of classical acquirements to a physician. But even if they did yield to popular clamor and consider they were compelled to make a sacrifice of principle in sinking their graduates to a level (at least in the estimation of the unthinking) with the future M.D's. of this proposed Homœopathic Licensing Board, we may rest assured that medicine will not be without its share of scholars so long as it holds out a sufficient inducement to men of ability to enter the profession.

The work of reconstruction entered into some years past by the Medical Council was a great one, and the difficulties not trifling, the measure of success that we had attained, authorized the hope that consolidation would eventually be obtained, that if we were yet a long way off the zenith we had safely passed the nadir, that the wranglings of school-men would in time give place to those broad and comprehensive views on the subject that should alone influence men of a liberal profession, viz., increased diligence in the study, and advancement of the various departments of medicine. We are now, it would seem, to return to Hobbes description of the primitive condition of man: "A congeries of atoms, owning no authority, and engaged in perpetual war," as of course if the proposed Bill obtains the sanction of the Legislature, the various Universities and Colleges will resume their licensing power, the Council will die a natural death, and with it all chance of establishing a high and uniform

curriculum. This reforming backwards may be fairly attributed to the selfish *ambition* and purposes of one individual.

"I have no spur
To prick the sides of my intent, but only
Vaulting ambition, which overleaps itself,
And falls on the other side."

GOVERNMENT AID TO MEDICAL EDUCATION IN ONTARIO AND ON THE CONTINENT.

Governments and politicians in Canada have, of late, dealt rather scurvily by our medical institutions. Politicians have lent themselves to the stupid cry first raised against the literary colleges, and next against the medical schools, that they were denominational and therefore not entitled to public support. Successive governments have withheld the grants formerly given in aid of medical education. Accordingly it is a matter of fact that at the present day in Ontario medical education is carried on without any assistance whatever from the State. The State forgets that it may some day need the services of properly educated men; and forgets, indeed, that already it claims some trivial services to which it has no right, save by compensation, which, however, it omits to make.

Very differently fare the medical educational institutions on the continent. In France, notwithstanding her calamities, means are found to equip the medical faculties with still greater facilities than have been possessed before, so that the Republic does not fall short of the Empire in this respect. In Paris some finely-furnished pathological laboratories have been appended to the hospitals, where clinical teaching is carried on, and teachers and students reap every advantage that can be derived from the thorough investigation of disease. These laboratories have been copied from similar establishments previously existing in Berlin and Vienna, where, through the action of the Prussian and Austrian Governments, respectively, great attention has been paid to the furtherance of medical education. Suddenly, since the advance of the cost of living in Berlin and in the Austrian capital, Leipzig has become a favorite seat of medical education in Germany, great numbers of students having deserted Berlin for this more economical city. This influx of students has been kindly welcomed by the public authorities. It is proposed to found, as a additional attraction and advantage in connectio with the University of Leipzig, a clinique for men tal diseases. For this purpose the sum of twenty five thousand pounds is proposed to be paid out o the public purse. Truly, a magnificent proof o the estimate of medical educational advantages en tertained in Germany.

The very recital of such munificence must be staggering to the cheese-paring politicians of On tario, who sought to ecomomize the public expen ditures by cutting off the grants to the medica schools. Small in amount as were the annua grants to the medical colleges, the sum of seven hundred and fifty dollars a year, must have assisted materially in the purchase of apparatus and equipment, to which purpose the money wa chiefly, if not altogether, appropriated.

We think it cannot be pretended that the Cana dian Medical Schools and the members of the profession which these schools help to mature, do not suffer by this withdrawal of government aid. In point of fact, all the schools in Ontario have suffered financially and their resources for teaching have been in part crippled by this mistaken notion of economy. In progress of time, should not this mistake be rectified, it is to be feared that the result will be manifest in the great and increasing difficulties which our schools must encounter in being deprived of pathological laboratories and their adjuncts to successful teaching which mark the advances of the day in the continental schools. Nothing but great industry on the part of teachers and students can keep both up to the standard of progress which is now being reached in medical tuition abroad, and even with all the possible industry, many of the truths of modern physiology and physical and chemical science must be taken on credit by the Canadian student, and be passed by without demonstration by the Canadian professor for lack of laboratories and apparatus which government assistance might procure.

We are not without some expectation that ere long the Provincial Government will see its way to make provision for high-class medical education in this part of the Dominion. It establishes a school of Technology for the advancement of the mechanical arts, and to be consistent it should also advance the higher art, and one more difficult of attainment, and more essential to the public weal, that of medicine in all its departments.

DEATH FROM THE ADMINISTRATION OF A MIXTURE OF CHLOROFORM AND ETHER.

A case is reported in the *Boston Medical and Surgical Journal*, in which the death of a Mrs. Crie was caused by the above-named mixture. The anæsthetic was administered by Dr. Eastham, a dentist, for the extraction of a tooth. The mixture consisted of two-thirds chloroform and one-third ether, of which the patient inhaled only about from two to four drachms when she died. Dr. Bigelow, in his testimony at the inquest, stated that the woman died from breathing chloroform contained in the mixture, and that he never knew of a case of death occurring where ether alone, was properly administered. Drs. Cabot, Clarke, Gay, and Hodges, gave testimony to the same effect. The jury gave the following verdict : "That Mary E. Crie came to her death in the office of Dr. Eastham, a dentist, and that her death was caused by the inhalation of chloroform administered in a mixture of chloroform and ether by the said Dr. Eastham. The jury use this opportunity to caution the public against the inhalation of so dangerous an agent as chloroform for the production of insensibility to pain. In the opinion of the jury the inhalation of sulphuric ether is safe, while the inhalation of chloroform, either alone or mixed, is always attended with danger."

MEETINGS OF THE MEDICAL PROFESSION OF TORONTO.

A meeting of the profession of Toronto was held on Thursday the 22nd ult., in the rooms of the Canadian Institute, to take into consideration the measures affecting the profession about to be introduced into the Ontario Legislature. The following resolutions were unanimously adopted :—

Moved by Dr. Agnew, and seconded by Dr. Oldright—"That whatever may have been, or may be, our views regarding the principle involved in combining the various elements at present united under the Ontario Medical Act for educational purposes, we are united in the belief that that Act has been practically beneficial in elevating the general standard of medical education, and that its repeal would prove detrimental to the welfare both of the public and the profession."

Moved by Dr. Fulton, and seconded by Dr. Archibald—"That we believe the proposed amendments to the Ontario Medical Act, as published in the CANADA LANCET for October, 1873, (with the exception of section eleven, and of sub-section three of section seven), will be conducive to the better working of the Act."

Moved by Dr. Geikie, and seconded by Dr. Coleman—"That, inasmuch as the Homœopathic members of the College of Physicians and Surgeons of Ontario enjoy, and will continue to enjoy equal rights, privileges, and immunities with the members of the general profession and of the Eclectic body, the Act of Incorporation sought by them is uncalled for and unnecessary, and the separate powers for which they ask would be injurious alike to the public and to the profession in all its sections, while their extraordinary demands for extensive University powers, would, if granted, injure the whole system of Canadian University education."

Moved by Dr. Cassidy and seconded by Dr. Aikins—"That Drs. H. H. Wright, Canniff, Fulton, Oldright, and Archibald be appointed a Committee to act in concert with the Executive Committee of the Council, in urging the views embodied in the foregoing resolutions upon the members of the Legislature and of the Government, and to take such other steps as they might deem necessary to carry them into effect.

H. H. WRIGHT, M.D., *Chairman.*
CHAS. ARCHIBALD, M.D., *Secretary.*

MEETINGS OF EXECUTIVE COMMITTEE.

The Executive Committee of the Council of the College of Physicians and Surgeons of Ontario has held two or three meetings during the past month. The proposed amendments to the Ontario Medical Act (see *Lancet* Oct. 1,) have had a large share of attention. Clause vii,, sub-section three, relating to the licensing of midwives has been struck out. Clause xii., relating to the examining board, has been modified in such a way as to fix the number of examiners at nine.

It is also proposed to fix the annual assessment at one dollar for the first year, after which it will be optional, and no further demand will be made until after the next election, when menbers may be returned either for or against taxation. The amended Act will be printed in a few days, and a copy will be sent to every medical man in the Province whose address can be obtained.

BIRMINGHAM AND PRIESTLEY.

Dr. B. W. Richardson, F.R.S., (so eminent by his labours as a physiological experimentalist, and as an authority on anæsthetics,) has been giving a series of popular lectures in Birmingham. "Joseph Priestley," as a pioneer of modern science, was the subject of one of the lectures, and at the end of a very vivid portrayal of the life and scientific labours of Priestley, Dr. Richardson made a spirited appeal to the people of Birmingham to atone for the evil done by their forefathers in burning Priestley's house, and in driving him away from Birmingham; and concluded eloquently thus:—"From the ashes of the burned house of Priestley let there arise a temple of science,—make it as he would have made it, resplendent, unrivaled in means for scientific research; give to it his immortal name, and depend upon it that his fame, not less immortal, will descend through your sons,—aye, and through your daughters, too,—conferring, in the ages to come, new lustre on your noble town and new blessings on mankind." It is pleasing to find that this eloquent appeal from a worthy cultivator of science was almost immediately responded to. Through the liberality of Sir Josiah Mason, a site close to the Town Hall has been purchased, and the new Priestley College of Science will soon be commenced.

WEALTHY PHYSICIANS.

Examples are not wanting in British experience, of physicians getting rich by their profession, or having great wealth conferred upon them by inheritance—very often the two sources of wealth going together to make a fortune. Among late examples may be cited Dr. Bence Jones and Sir Henry Holland. Recent English journals mention that the will of the late Dr. Dalrymple, M.P., was proved on the 28th November last by his widow; and a personalty of the handsome sum of £45,000 being sworn to, shows that this medical member of the House of Commons lived in affluent circumstances and has left his family well provided for.

OPENINGS.—A good opening for a medical man in Albion, Ont. Address, Dr. Hickman.

LARGE STONE IN THE BLADDER.—Dr. Hingston, of Montreal, has removed from the bladder of a young man an oxalate of lime calculus with a phosphatic coating, which measured nine and a quarter inches in greatest circumference,—the largest, so far as we have yet heard, removed in Canada. The lateral method was adopted, and the patient, æt. 22, made a good recovery.

CHOREA TREATED BY GALVANISM.—There has occurred at the General Hospital, Birmingham, recently an interesting case of chorea in a young man, aged eighteen, which has been treated with great success by the daily application of galvanism to the spine. Other treatment had previously been unsuccessful. The case was under the care of Dr. B. Foster, and improvement dated from the second application.

ESMARCH'S METHOD.—Since the introduction into England, by Mr. MacCormack, of Esmarch's bloodless method of performing operations, the method has been practised by many surgeons of eminence. Lately, Mr. Gamgee, of Birmingham, removed four inches of necrosed bone from the middle of the femur of a lad aged nineteen. By this means great facility was given for examining the bone, and not a teaspoonful of blood was lost. It was on an operation of this kind (necrosis tibiæ) that Professor Esmarch based his celebrated clinical lecture, giving a precise account of the origin and advantages of the practice of employing the elastic bandage.

THE HOSPITAL SHIP, "VICTOR EMANUEL."—The English medical journals give great credit to the dockyard authorities, and to those concerned in medical supervision, for the excellence of design and completeness of detail carried out in the construction of the hospital ship, "Victor Emanuel," intended for service on the Gold Coast. One enthusiastic medical visitor exonerates the Government from all charge of parsimony, and says the country has never sent out a floating hospital so carefully planned. He advocates the importance of carefully keeping the plans and specifications for future guidance, as it is probable such vessels will be largely employed in future wars. Let us see how this enthusiasm may be tempered by the experience of invalids in this ship under the tropical sun on the African coast.

Unusual Doses.—It has been suggested that ome uniform mode of marking unusual doses in rescriptions should be adopted by the profession. t present each individual prescriber uses some ivention of his own to designate any unusual eparture from the ordinary dose. It has been roposed in the British Pharmaceutical Conference, ith a view to remedy this, that the prescribing hysician should in every case add his initials, hus: Tr. digitalis ℥ss. (J. R. C.) The German hysicians use a note of exclamation (!) after the rticle, thus: Tr. digitalis ℥ss. (!). Some are in he habit of underlining the sign, thus: Tr. digitalis ℥ss. From this it is apparent that some uniform ign should be adopted that would be understood y druggists &c. The one proposed by the British Conference seems the most suitable.

Trinity College Medical School.—In a ecent issue of some of the British Medical jour- nals, the name of "Trinity College, Toronto," was omitted from the list of Colonial Universities ecognized by the Royal College of Surgeons of England. As the Royal College had recognized Trinity College Medical School as soon as it was re-established, this omission was known to have been accidental, and we now learn that the authorities of Trinity College have received a formal notification of its full recognition long since, and an explanation that the above-mentioned omission was a mere accidental error. A similar notification has also been received from the Royal College of Physicians and Surgeons of Edinburgh.

Appointments.—John Brandon, of the Village of Ancaster, Esquire, M.D., to be an Associate Coroner, within and for the County of Wentworth. David O'Brien, of the Village of Renfrew, Esquire, M.D., to be an Associate Coroner, within and for the County of Renfrew. Daniel Alexander Sinclair, of the Village of Melbourne, Esquire, M.D., to be an Associate Coroner, within and for the County of Middlesex. George Lewis, of the Village of Fort Erie, Esquire, to be an Associate Coroner, within and for the County of Welland. J. H. Parsons, M.D., has been appointed to the Chair of Medical Jurisprudence and Toxicology, in Victoria College.

Banning Truss and Brace Co.—We beg leave to call the attention of our readers to the instruments and appliances manufactured by the above Company. They make a specialty of the manufacture of trusses and braces, in both of which they have no superiors. Their various forms of spinal braces have given remarkably good satisfaction wherever they have been fairly tested. They are light, easily adjusted and comfortable to the patient. We take great pleasure in recommending these appliances to any who may be in need of them. All orders should be addressed to the "Banning Truss and Brace Co.," 704 Broadway, New York, U.S.

Singular Phenomenon.—A singularly rare, interesting and unique case has lately come under our notice. A colored man, native of Buffalo, U. S., who calls himself (Dr.) George Thomas, aged 45, has been exhibiting before the medical classes in the schools in Toronto during the past week. The case is altogether a puzzling one. The pulsation of the heart can be heard equally distinct on both sides below the nipple. By the action of the muscles of the thorax and abdomen he appears to have the power of displacing the heart, and arresting the pulse at the wrist, for when the muscles are in a state of contraction and the abdomen rendered tense the heart sounds may be distinctly heard, first in the left lumbar region, low down, and then in the right; at the same time they are absent in the precordial region, and the pulse at the wrist cannot be felt. He has also the power of throwing the abdominal muscles into undulating contractions which are very peculiar, producing a wave-like appearance, which is capable of being reversed—the undulations at first proceeding from above downwards, and finally from below upwards.

College of Physicians and Surgeons.—The following gentlemen passed the Matriculation examination in medicine recently held at the High School:—James G. Morden, Marshal Sutton, J. S. Atkinson, Caleb East, Rowland B. Orr, Archibald McCardy.

Died.—At Lloydtown, on Tuesday, Jan. 20th, 1874, William Scholfield, M.D., aged 38 years.

At his residence, near Wellington, Prince Edward County, Ontario, on the morning of the 5th Jan. 1874, Dr. Willet Casey Dorland, aged 68 years and 6 months.

On the 21st ult., Dr. Keator, of St. John, N. B., of congestion of the lungs.

Dr. S. W. Butler, late editor of the *Med. and Surg. Reporter*, Philadelphia, died at his residence on the 6th ult.

Death of the Siamese Twins—The celebrated Siamese twins are dead. They died at their residence, (a farm near Mount Airy) N. C., U. S., on the 17th ult., at the age of 64. Chang, the smaller of the two, had a stroke of paralysis two or three years ago; since then his health has been gradually declining. The other (Eng) was in good health up to the death of his brother. He was greatly frightened at the announcement of his brother's death; and partly from this and the vascular nature of the connection between them, he died about two hours afterwards. No *post mortem* examination was performed, as should have been done in the interest of science, but it has long been known that a very large artery exists in the band which connects them. A surgical operation had long been contemplated on the death of Chang; but his brother was dead before the surgeon, Dr. Hollingsworth, arrived. They were married to two sisters, and were the fathers of several children.

BOOK NOTICES.

The Student's Guide to Medical Diagnosis. By Samuel Fenwick, M.D., F.R.C.P., etc. From the third revised and enlarged English edition. With illustrations on wood, pp. 328. Philadelphia: Henry C Lea, 1873. Toronto: Willing & Williamson.

This work was undertaken with a view as the author says of assisting the students in attendance on their clinical lectures in one of the London Hospitals. It is illustrated with wood cuts of pathological lesions, and representations of microscopical sections. The author first takes up diseases of the organs, as the heart, lungs, liver, kidneys, abdomen, and brain; then fevers, rheumatism, gout, and diseases of the skin. A description is first given of the morbid anatomy of each as the result of disease, the leading symptoms are then stated, the significance of each pointed out, and its value as a differential sign weighed. The arrangement is very convenient for the student; the style is clear and impressive, and well adapted to the object the author has in view.

The Technologist, or Industrial Monthly, for 1874.

The January number of this interesting journal, issued by the Industrial Publication Company, 176 Broadway, New York, has come to hand, and as usual, it is filled with valuable information. It contains upwards of fifty important articles. Of these nineteen are illustrated, the illustrations including two full-page engravings, printed in colors. The descriptions of new machines and processes are clear and explicit. Those of our readers who are interested in industrial progress, ought by all means to examine this periodical, which may be obtained of any news agent, or direct from the publishers. Each number contains 38 large pages and is published at the low price of $1.50 per year, or fifteen cents per single number.

A Hand-Book of the Theory and Practice of Medicine. By Frederick T. Roberts, M.D., M.R.C.P., Assistant Physician to the University College Hospital, London, etc. Philadelphia: Lindsay & Blakiston, 1874. Toronto: Copp, Clark & Co.

This book is one of a class much needed and highly prized. In a short space the author gives the leading facts known up to the present date regarding the nature and treatment of disease. In the compass of this single volume a vast amount of information of the best kind is to be found. Its eminently practical character, as well as its being written in a very readable style, cannot fail to make it a favorite with students as well as with the busy practitioner.

Demorest's Illustrated Monthly Magazine, for January. Subscription, $3 per annum, with a beautiful chromo as a premium. (See advt.)

The Physicians Hand-Book for 1874. By W. Elmer, M.D., and A. D. Elmer, M.D. New York: W. A. Townsend.

Hand-Book of Physiology. By William Senhouse Kirkes. Edited by W. Morrant Baker, F.R.C.S., etc. With 248 illustrations. Eighth edition; pp. 835. Philadelphia: H. C. Lea. Toronto: Copp, Clark & Co.

A Practical Treatise on the diseases of the Ear, including the Anatomy of the Organ. By D. B. St. John Roosa, M.A., M.D. Professor of diseases of the Eye and Ear University of New York, &c. &c. Illustrated by wood engravings and chromo-lithographs. New York: Wm. Wood & Co. Toronto: Willing & Williamson. Price $4.50.

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Original Communications.

INJURY OF BRAIN WITH PARTIAL INSENSIBILITY AND APHASIA LASTING 18 DAYS—RECOVERY.

BY J. H. MCKAY, M.D., L.R.C.P., AND L.R.C.S., EDIN.

TRURO, N.S.

I was called on the 10th of June last to attend a young man named Skinner, a brakesman on the Intercolonial Railway. While standing on the last car leaning out and holding on by one hand, he by some means lost his hold and fell, striking on his left temple, the train at the time going at the rate of twenty-five miles an hour.

I saw him half an hour after the injury. He presented the following symptoms: A large swelling about the size of a hen's egg on the left temple about 1½ inches above the superciliary ridge. The skin was unbroken, showing that he must have fallen on a flat surface. On examination I found this swelling to contain liquid blood, surrounded by a hard rim, giving a feeling that might be easily mistaken for fracture, but no distinct fracture could be detected on closer examination. I understood from those who picked him up that respiration was suspended for a short time. When I saw him, which was about half an hour after the accident, the breathing was regular but not stertorous. Pulse about eighty full and compressible. Eyes firmly closed and turning from side to side, pupils dilated and slightly sensitive to light. With these symptoms there was restlessness to a very great degree, a constant motion of the limbs not in any particular direction, but giving one the idea that something was in contact with him that caused him pain which he endeavored ineffectually to remove. All the usual restoratives were applied without effect. Removed him to Truro, a distance of four miles without any change in his symptoms except having several times vomited, which gave me hope that consciousness would soon return. On removal to his residence I again examined carefully the seat of injury and thought I detected slight depression of the skull. General symptoms continued the same throughout the evening. Ordered him a powerful cathartic, cold applications in the meantime having been kept constantly to the head. No change during night; was quiet at short intervals as if in sleep, the remainder of the time tossing from side to side. Purgative repeated on following morning without effect.

I then in company with Dr. Fraser of New Glasgow gave him an enema composed of half-a-pint of warm water with a table-spoonful of turpentine, at the same time giving him three drop doses of croton-oil in a tea-spoonful of olive oil, repeating every two hours until a free evacuation from the bowels was induced, without any sign of returning consciousness. After consultation we decided that on the following morning we should make an exploratory incision, and be guided by circumstances for the rest. We accordingly did so, laying open the skin for about three or four inches over the seat of injury sufficient for a free exploration; after turning out some clotted blood, we could on strict examination detect no fracture, but there appeared to be slight depression. Under such circumstances we did not deem it our duty to go any further and brought the edges of the wound together by means of sutures. The opinion we then formed of the cause of the continuance of the symptoms and which we think was afterwards in a manner verified, was that compression was caused chiefly by extravasated blood, and also in a slighter degree by depressed skull. During the time of the operation he struggled in the same manner as in the first few hours after the injury. There was evident sensibility to pain although there were no other signs of returning consciousness. This brings us to the fourth day, and during all this time the eyes remained closed; pupils slightly dilated and partially insensible to light; breathing natural. I then shaved the back part of the head, and applied a fly blister, extending from ear to ear without any apparent effect. The diet during all this time was limited to a little gruel, milk, and beef tea, of which he took considerable quantities; the swallowing remained quite good. On the sixth day after dressing the blister and having his linen changed, he showed

evident signs of exhaustion, the breathing became slow, pulse feeble. I immediately prescribed him tea-spoonful doses of brandy-and-water, equal parts every ten minutes, until some improvement showed itself or something gave me warning to stop, and in the course of an hour the pulse and respiration improved greatly. I may here say that I was repeatedly asked to bleed this patient, by his friends, and by every one with whom I came in contact. I have been since asked by medical men when telling them of the case why I did not bleed. I did not do so because I had no faith in it and I am firmly convinced that had I done so my patient would have sunk and died. He might have become conscious for the moment, but only to be followed in a short time by death. I have seen patients killed, or at all events their end hastened by the too free use of the lancet, but this is a digression. I may here mention that during the whole course of treatment his urine was passed without any trouble, the first few times in the bed—owing no doubt to his inability to make his wants known; but after a few days his attendants could tell by his restlessness that he wished to urinate, and by placing the urinal in a proper position he would immediately do so. This showed me that he was to a certain extent conscious. He could also tell what was given him to eat, as articles of food that he formerly disliked he would spit out after the first mouthful. This brings us to the end of the first week. Now for the first time he opened his eyes, but no recognition of surrounding objects was manifest, only a blank vacant look, although when the hand was passed rapidly across the field of vision the lids would close for a moment. There being no signs of improvement I again on the 8th day applied another blister on the side of the head, opposite to that of the seat of injury and also put him on a mixture containing Bromide and Iodide of Potassium, which was continued during the remainder of the time he was under my charge, in all five weeks.

During the nine following days he continued nearly in the same state with very slight signs of improvement. Would rest well at night and eat all the food given him. At the end of sixteen days he was much stronger than at any previous time. He now showed signs of recognizing those about him whom he knew formerly, and if asked to shake hands would do so, but no word escaped his lips. The pupils still remained dilated although sight was restored.

On the eighteenth day while his sister wa sitting at his bedside asking him if he woul not speak one word in answer to some question, t her surprise he said "yes." This was the first tim he had uttered a word, or had made an attempt a utterance during all this time, and now all in moment came back to him the power of expressin himself in words. After this time he continued t improve rapidly, could answer questions quite wel but was very easily confused and would the wander off on something else. When asked abou the accident he had no recollection of where o when it had occurred, or how long he had been la up. His improvement continued for the next two o three weeks, both in health and intellect, and at th end of five weeks from the time of the accident h returned home, walking to the station a distance five hundred yards without assistance. This wa the last time I saw him, and other than a sligh dilatation of the pupils, which gave him a vacan look, I could detect no difference in him. understand that he has since returned to his duti as brakesman.

This case I think peculiar in many respects, i the first place we have partial unconsciousness, th patient appearing as if he were in a sleep, and agai this semi-conscious state, lasting for nearly thr weeks. All the functions of the body were fulfille some of the senses seem to have been blunted whil others remained unimpaired; but what I wish mo particularly to speak of is Asphasia or the loss o the faculty of speech, a failure of the memory o words and of the memory of those acts by whic words are articulated this implies loss of intelligenc The Aphasia seems to have been owing in this case t some injury to the anterior lobe of the brain over th left Supra-orbital plate; this was exactly under th seat of the external injury. Dr. Gall was the fir who located the faculty of speech in the anteric lobes of the brain which lie on the supra-orbit plates irrespective of side. Dr. Marc Dax taugh in 1836 that in the left anterior lobe alone w situated this faculty. M. Broca in 1861 brought down finer still, and put it in the posterior part the third frontal convolution on the left lobe of th brain. If this be true then we have in this ca from a blow on the left temple, injury of th posterior part of the third frontal convolution o

he left side. This, at any rate, is another case pointing to the seat of the faculty somewhere in he neighbourhood of the place mentioned by Broca. Whether extravasation of blood in the brain substance, injury of substance itself, we know not; but ve conjecture one or both of these to be the cause of the symptoms in this case.

REMARKS ON A CASE OF CHLOROFORM POISONING.

BY H. J. SAUNDERS, M.D., M.R.C.S., KINGSTON, ONT.

T. D., æt 60 took about half an ounce of chloroform, mistaking it for spiritus chloroformi. I was called about ten minutes after and found him nearly insensible; Five or six minutes later he was perfectly unconscious; the eyeballs became insensible to the touch, the respirations shallow and prolonged, and the pulse so feeble as to be scarcely perceptible at the wrist. Mustard was applied to the pit of the stomach, with the hope of inducing vomiting, and to the nape of the neck and calves of the legs. I also attempted to inject Ammonia and Brandy, into the rectum, but the sphincter ani was paralysed, and everything escaped as fast as injected. The breathing continued to become feebler and the expirations being cold, I tried keeping up artificial respiration after a fashion by compressing the chest with my hands about fifteen or sixteen times a minute and allowing it to expand, which I did for nearly an hour when the respirations became more natural, and the eyeballs began to show signs of returning sensation. In half or three quarters of an hour more the patient was able to sit up and take a little weak brandy and water, after which he slept well for the rest of the night. Except a little headache and feeling of weariness next day, no bad effects followed.

The chief interest of this case is from its rarity. I have only been able to find four recorded, two by Mr. Spence, as having occurred in the Royal Infirmary, Edinburgh, reported in the "Lancet," August 9th, 1856. In one of these, two ounces was swallowed, the patient was unconscious for five hours; the respirations which at one time went as low as seven in the minute, being kept up by the application of a galvanic battery. Recovery was complete four days after, when the patient returned to her work, which was that of a nurse. Mr. Spence's other case was that of an inmate of the Infirmary, who swallowed six ounces; the same treatment was adopted, with recovery from the anæsthesia, but death took place forty-eight hours after from acute gastritis. Mr. Spence deprecates the use of alcoholic stimuli, and advises ammonia in such cases, on the theoretical ground that the chloroform causes an excess of carbon in the blood which would be increased by alcohol. The third case is reported by Mr. Wells in the "Lancet" of February 19th, 1870. The patient in this case attempted to commit suicide by swallowing half an ounce of chloroform. Unconsciousness lasted about two hours, and artificial respiration was maintained by the use of electricity. In each of these cases the stomach pump was used within three quarters of an hour from the taking of the chloroform, but no trace of the drug could be detected in the matter withdrawn. The fourth case is recorded by Dr. Neild, of Melbourne, in the "Australian Medical Journal," for April, 1871. The patient, who had been on a debauch for several days, swallowed an ounce of chloroform. The treatment adopted in this case was injection of dilute liq. ammonia into the veins of the arms; two drachm were thus given, and partial recovery took place, but death occured thirty-six hours afterwards preceded by incoherence and illusions.

It would be difficult to determine from these cases what is a fatal dose of chloroform, as although in Dr. Neild's case death occurred from one ounce taken internally, yet as the man was suffering from delirium tremens at the time, we can scarcely say how far death was owing to the poison. The symptoms in those cases where only half an ounce was taken seemed to threaten immediate death, yet recovery took place without any bad after-effects, and Sir Dominic Corrigan records a case, (Dublin Hospital "Gazette," November 15th, 1854.) where a patient suffering from delirium tremens swallowed a six ounce mixture containing over half an ounce, without any evil effect, the patient slept well after taking it and recovered free from delirium. The late Mr. Nunneley, in 1848 published the results of an elaborate series of experiments with various anæsthetics from which he concluded that the ethers and chloroform were almost inert when administered internally, unless given in very large

quantities, when they acted as local irritants, not producing as much effect on the cerebral system as an equal quantity of alcohol. The above cases, however, show that they must be taken, "*cum grano salis.*

The treatment to be adopted is merely to sustain the vital powers till the effects of the anæsthetic passes off. The stomach pump appears useless, as although applied in three of the above cases within forty minutes of the accident, the matters removed showed no trace of chloroform, while in one of Mr. Spence's cases it excited violent retching and vomiting so as nearly to asphyxiate the patient. The warmth of the body should be maintained by hot external applications, and the respirations by electricity or the various artificial methods, using as little violence as possible. At the same time stimulating enemata might be given, those containing ammonia being preferable to alcohol.

HEPATIC NEURALGIA.

BY HENRY BOGUE, M.D., VITTORIA, ONT.

I propose to give you a few cases on the disease termed "hepatic neuralgia" (Hepatalgia of the French). As the terms applied to this affection are different, the fact would seem to imply a different pathological condition. I am, however, of the opinion that the condition answerable to the symptoms cannot always be satisfactorily made out. Great pain is always present when there is passage of gall stones, congestion of parenchyma, stoppage of gall duct, and in gastrodynia.

In hepatic neuralgia, congestion is probably at the bottom of it all; for by unloading the portal system, immediate relief has always followed. The cases are scarcely worth recording, but from the fact that we seldom see anything similar in journals. Still, such cases make up a considerable item in the medical man's practice in the country; and therefore, such being the case, he should be ready with the most appropriate treatment. The first case occurring in my practice was in the year 1860. Mrs. H., æt. 45, was seized with great pain in the right hypochondrium shooting through to the back; pulse rather quick, 90.; great perspiration; some thirst; great tenderness over the part affected; respirations, about 25 per minute. I ordered search for gall stones, but none were found. Treatment: bloodletting, 8 ozs.; hot poultices; opium, grs. 2, every 4 hours, with 2 grs. of calomel; as a diaphoretic, spiritus mindereri and nitric ether, every 4 hours; smart purging, followed by pot. nitrate and pot. bi-carb. *aa.* five grains every 8 hours. Recovery complete in about a week.

Mrs. M., æt. 36, mother of seven children, was seized with great pain in the right hypochondrium extending to the pit of the stomach; pulse small and quick; some nausea, but no vomiting; pain paroxysmal; unwell sometime before. Was called hurriedly; bled to 8 or 10 ozs. from foot; put the feet in hot water, and administered calomel and opium every two hours for two or three doses, followed by a brisk purgative. I also used diaphoretics, quinine and tinct. ferri. mur. She got over the attack in a few days, although not perfectly well, and has had no more attacks since. Was this passage of gall stones, or simple congestion, stretching the peritoneal covering?

Mrs. P., seized with great pain in the right hypochondrium; worse than any case yet seen. bled to 8 or 10 ozs.; full doses of tinct. opii. calomel and opium, *a a.* 2 grains, 3 or 4 powders, brisk purge; nitro muriatic acid in full doses; pot. bi-carb. and pot. nitrate, *aa.* five grains, every 4 hours. She recovered in a few days, and continued well for a longer period than any time before. This case was treated for a long time by other medical men without success.

Mr. Henry B., of New Hamburg, complained for eight or nine months of sudden and severe pain in the right hypochondrium, when he was obliged to leave off work and call in a physician. Every week or two the pain would recur, and this state of things continued for eight or nine months. Being a stranger, I was called. He was bled to eight or nine ozs.; tinct opii. was administered in full doses for a few hours,—then calomel and opium followed by brisk purging, and diaphoretics. Quinine pot. nitras and sodæ bicarb were given three times a day for a few days, when he became quite well and continued so for some time, until he escaped my observation. His cure is remarkable, from the fact of his being under treatment so long without benefit.

The next case was a Mrs. P., advanced in life, about 70 years of age, who was seized with great

pain in the right hypochondrium, nausea and vomiting, great tenderness over the stomach. Tinct. opii. was tried in large doses, so that I became uneasy until the contents of the stomach were ejected, without any benefit. Blood-letting was used to eight or ten ozs. when the pain ceased as if by magic. With an additional dose of castor oil the patient rapidly recovered, and has had no more such attacks since.

Correspondence.

(To the Editor of the LANCET.)

SIR,—I regret to say that the Medical Bill does not answer the expectations of all the members of the profession in Ontario, and no Act that would please all could ever possibly become law, as it would of necessity be not acceptable to the general public. Your Correspondence columns, for the last two years, have been principally remarkable for three subjects:—1. Internal dissensions. 2. Abuse of men who laugh at our æsthetical rules. 3. And, alas! in more than one case, appeals to the benevolent. Now, Sir, to every one of the above heads, the chorus to each verse, I fear, is "Money."

Question 1.—Why should we pay money to this Council?

The public will not grant us everything we desire, so let the Board go "by the board." Men however forget one very important point,—that this Board has had one beneficial effect, viz., that it has prevented an influx of practitioners into our already over-crowded ranks, while many younger men, who have passed the examination and have settled in practice, fulminate diatribes in your columns against the Act, Council and Board of Examiners; because, perhaps, some old woman believed in another old woman of the opposite sex, who probably sent his friend to the happy hunting grounds and deprived his opponent of the chance of making money by prolonging her misery. To those the answer is very easy. I believe that the examinations of the College are higher than those of any teaching body in Canada; for this reason, that the questions which, I, at least, have seen, are simpler and easier than those of the teaching bodies. I mean that the questions given by examiners in universities are frequently intended rather to adorn their calendars, than to be answered by the student.

Is it not a matter of astonishment that a certain per centage of men were unable to pass our lower examination, who had taken the higher degree of M.D.; so that by comparison, I might not blunder in spelling Encyclopœdia, still I might be hopelessly ignorant of A B C? The intention of the Council was to prevent the entrance of such pretenders into our ranks, which to a great extent, although not sufficiently so, has been attained the men of the last few years are greatly in advance of the iatro-protoplasms of the past, so far as Canada is concerned at least, and *ex-necessitate*, will reap their reward, though not all at once. The answer then is very simple to Question 1.—Support your own interests, so as to make money.

Question 2.—Why should we (who have passed) pay money to this Council? If the Council does not receive support from other sources than the *graduating supply*, it must necessarily collapse for want of funds. The supply of graduates is not, as formerly, in excess of the country's demand. Should, therefore, the Council fail from lack of means, Free Trade in Medicine will be the inevitable result—a consequence hoped for by the Schools, longed for by the formerly alien corporate bodies, and ruinous to the country practitioner. I have a certain knowledge of medical politics in Ontario, and I regret to say that too many of our clients think more, while employing the practitioner, of his religious tenets, than his professional skill. Answer to Question 2.—Support your own interests, so as not to lose money.

Question 3.—Your appeal to the benevolent of our profession for widows and orphans? Answer, money.

Now, Sir, if it is admitted that there exists a strong inducement in our profession to elevate (!) it to a trade level, why not carry that principle out *ab initio* by every trade rule, viz., organize! organize! organize! I am perfectly aware that what I have written will be distasteful to many, objected to by others, and a point blank negative replied to my assertions by some. Yet spite of all the various feelings that may be exhibited each by each, according to the individual character of the man, it ends in one proverb. I am sorry to pen it, "Every one for himself and κ. τ. λ. Then, Sir, if I am correct in my proposition that we as a

body corporate in the community (I mean the Medical Fraternity of Ontario,) look rather to pecuniary advancement than to the encouragement of the philosophical portion of our position let us throw a sop to Cerberus and proceed for money, and if by making money we can use it for higher purposes in our profession, well and good.

Why not initiate an "Ontario Medical Association?" The reasons for it are fourfold; 1st. To protect ourselves; 2nd. To protect the public; 3rd. To elevate our profession to such a pitch that the philosopher, not the fool of the family should be considered the fit one for our profession by the general public. 4th. To make money. There is not the slightest doubt that had legislation initiated the appointment of such a scheme, modelled on the British Medical Association at home, many of the troubles incident to our College would have been avoided; but at the same time when the late Dr. Parker's Bill became law it was only the precursor that a desire existed in the profession for reform as to present legislation. Dr. Parker's Bill was a step in the right direction, so far as my first corollary is concerned, and each succeeding Act has become more favourable to our interests. True there may be objections to some of the details, but if we were "organized" we would be able to bring to bear such pressure on the Legislature as would make it impossible to refuse us protection. Supposing, therefore, that a scheme should be initiated similar to the British Medical Association, but with this very important addition, viz., that to it should be added in its formation some such method as that which exists we will say among the Engineers on this continent, viz., a mutual provident society; that on the death of a member of our Association each and every one of the members pay a certain sum to the heirs of the deceased member.

To protect the public! In this case I think the public up to this time have been so well protected that the great mass of them look upon us as their natural enemies rather than as their protectors. Of the masses we may say as was said of Cassio, "Cassio I love thee, but never more be officer of mine!"

If there is not an innate desire in the masses to commit crimes that humanity loathes at, then we as a profession should not be disgusted and horrified at the advertisements we see in the daily press. Our duty is not only to protect the public, but also to guard carefully the interest of this *ante-natal* public.

With properly organized machinery brought to bear on our legislators, the criminal law would be so changed that the regular men would not only drive the scum to their proper *habitat*, viz., a too intimate acquaintance with *Cannabis*, or a prolonged residence in *hospitio Reginæ*.

To make our profession one that the family mediocrity be not considered as sufficiently capable. The rewards in our profession are few and far between, and are, I regret to say, in the hands of the member where the tempting bait lies, the consequence being that men are tempted to prostitute medicine for politics, and hence to make money. An association might be formed such as I think of, that would prevent that at least.

And lastly to make money. The Association would agree on a Tariff, not for sections or localities, but for the whole Province. This is the only way to settle all difficulties. And as the farmer becomes richer so he buys a pianoforte for his daughter, so when the country practitioner rises in the social scale by the accumulation of wealth, we may be able to see the microscope as the necessary object, rather than the bottles that too frequently cumber the studio of the medical man.

I am afraid that this communication may be too long for your columns. If the little skiff I have floated off be deemed worthy of discussion in other and abler hands I know a prouder vessel will be launched.

Yours truly,

ALPHA.

Reports of Societies.

MEETING OF THE MEDICAL PRACTITIONERS OF THE COUNTY OF NORFOLK.

A meeting of the Medical practitioners of the County of Norfolk having been called by Dr. Alfred Bowlby, the last Vice-President of the late Gore and Thames Association, (in the absence of the President, Dr. Clarke, M.P.P.) there were present the following gentlemen viz: Drs. Bowlby, Bogue, Joy, Patterson, Sparrow, Hayes, R.

Walker, Franklin, McKay, Phelan, Lutz, Taggart, Seagar, Marquis, Chadwick, Hagerman and Duncombe. Telegrams were received from Drs. McInnis, Stewart, and others regretting their inability to attend. Dr. A. Bowlby was appointed Chairman, and Dr. R. C. Walker Secretary.

Dr. Bowlby briefly explained the object for which the meeting was called, and desired that the meeting discuss, firstly the secession from the Profession sought to be obtained of the local Legislature by the Homœopathic sect,—and secondly a consideration of the Medical Bill, to be amended as suggested by the Executive Committee of the College of Physicians and Surgeons of Ontario.

Moved by Dr. Hayes and seconded by Dr. Joy and carried unanimously,—

"That whatever may have been or may be our views regarding the principle involved in combining the various elements of particular dogmas into the General Profession as at present effected by the Ontario Medical Act for educational purposes, we are united in the belief that that Act has been practically beneficial in checking the presumption of pretenders and in elevating the general standard of Medical Education, and that its repeal would be detrimental to the welfare of the general public.

Moved by Dr. Bogue, seconded by Dr. Hagerman, and carried unanimously,—

"That inasmuch as the Homœopathic element now enjoy, and under the late Medical Act will continue to enjoy, equal rights and privileges with the members of the General Profession, and of the Eclectic body, the Act of independent Incorporation sought by it, while it shows a confession of its weakness in fair and honest competition, is nevertheless uncalled for and unnecessary, and the separate powers which it asks of our Legislature would be injurious alike to the public good, and to the uniform system of general professional education, aimed to be accomplished by our Canadian Universities.

Moved by Dr. Lutz, seconded by Dr. Franklin, and carried,—

"That the Secretary be instructed to communicate with our Representatives of the two Ridings of Norfolk in the Ontario Legislature and solicit them to confer with the Executive Committee of the Medical Council of Ontario, praying their aid in urging the views embodied in the foregoing resolutions upon the members of the Legislature and of the Government, and to take such other steps as they in their wisdom may deem requisite to carry them into effect.

The amendments to the Ontario Medical Act and the communication from the Executive Committee of the council of the College of Physicians and Surgeons were then taken up.

The Chairman called upon Dr. N. O. Walker, the first Classical Examiner of preliminary subjects for students, to state the progress made by the Medical Council, and whether it would not be prudent to lessen the number of members and thereby lessen expenses. Dr. Walker briefly stated the connection he had with the Medical Council during the first few years of its existence. He thought the representation not too large, and commended the economy exercised by the Council in appointing an Executive Committee, and in reducing the number of examiners; he alluded to the many good results already effected. He regarded that a Profession so important and influential as the Medical Profession should have an examiner of its own, as the Law Society had—he thought it a retrograde step when the Council appointed two separate examiners at Kingston and Toronto. Uniformity in the preliminary examinations was thus destroyed. He thought the Profession ought to assist in sustaining the Medical Council in the absence of Government aid; the students ought not to bear the whole burden at the threshold of a laborious and responsible profession.

After a long discussion it was moved by Dr. Taggart, seconded by Dr. Sparrow, and carried,—

"That from our experience, we the Medical practitioners of the County of Norfolk deeply feel that our Provincial Government has not in the past done its duty towards the health and *lives even* of our fellow citizens inasmuch as it has not protected them from being imposed upon by charlatans and from being tampered with by unskilled and incompetent pretenders:—That we, as members of the Community having families, and knowing the evils of unqualified and ignorant quackery, consider it the bounden duty of the State (as in all civilized European countries) to take care of the lives and health of the sick and unfortunate, and by *penal enactments* restrain all except skilled

and properly qualified and educated persons from the practice of medicine and surgery."

Moved by Dr. Seagar, seconded by Dr. Patterson, and carried,—

"That this meeting is of the opinion that it is the duty of our Legislature to grant a sufficient sum to meet the expenses of the General Council of the College of Physicians and Surgeons of Ontario, inasmuch as they under the Medical Act have the guidance and control over the necessary requirements of those seeking to attain to the responsible positions of guardians of the public health and hand-maids of nature, and that until such duty is recognized by our Representatives in Parliament, the general profession should sustain the Medical Council in their good work, and thus relieve the students, and at the same time demand that penal clauses be added to the amended Act, capable of restraining entirely the incompetent unqualified and uneducated from tampering with diseases and injuries.

Moved by Dr. Walker, seconded by Dr. Duncome, and carried,—

"That the Secretary be instructed to send a copy of the above resolutions to the Secretary of the Executive Committee, to the Editor of the the "*Canada Lancet*," and to each of the Representatives of this County in the Legislature of Ontario.

An uniform tariff of fees, Surgical and Medical, was then discussed, and the meeting adjourned subject to the call of Chairman.

ALFRED BOWLBY, *Chairman.*

N. O. WALKER, *Secretary.*

[The above resolutions are a fair reflex of the views of the profession in all parts of the conntry. Similar resolutions were adopted by a meeting of the profession in Toronto a short time ago,—and also by the Brant Co. Medical Association in June last.]—Ed. L.

Selected Articles.

TREATMENT OF LACERATION OF THE FEMALE PERINÆUM.

Dr. D. Hayes Agnew (*American Supplement to the Obstetrical Journal of Great Britain and Ireland, June, 1873*) speaks, after further experience, with great confidence of the value of his operation, described in 1867 (*Pennsylvania Hospital Reports*), for the cure of lacerations of the female perinæum. The chief points of practical interest are the closure of the recto-vaginal septum, and the restoration of the perineal continuity at a single operation; the use only of the interrupted wire suture, and no lateral division of the sphincter. The bowels are freely moved early in the day previous to the operation, and one or two grains of opium are afterwards administered, in order to prevent the descent of the feculent matter into the rectum. After etherisation, the patient is placed on the back, in the lithotomy position, the limbs supported by assistants, and the sides of the laceration denuded to the extent of one inch in breadth, removing the thinnest possible layer of tissue. Next, the recto-vaginal septum is freshened. This is sometimes best done with the scissors. A long needle, supported on a handle—the eye being near the extremity—is armed with an iron thread well coated with silver. Dr. Agnew uses for the first suture, iron, in order that it may not break. The needle is entered three-quarters of an inch from the margin of the wound, below its lowest point, at the interior part of the ischio-rectal fossa, and carried forwards and upwards, until it appears on the middle of the vaginal surface of the septum, just above the line of denudation; the thread is then picked out of the eye of the needle, and the latter withdrawn, and made to pass unarmed through the corresponding parts on the opposite side, emerging on the septum, close to the first. The wire is now passed through its eye, and, as the needle is withdrawn, makes the complete circuit of the wound, so that, when it is tightened, the parts are pursed together. Two or three other silver sutures are inserted, the blood carefully sponged away; or, what is better, washed away by a stream from a syringe, and the parts approximated, to favour which the limbs should be brought together. To maintain the apposition, perforated shot are run down the wires, and clamped with a pair of compressing forceps. A superficial suture is sometimes inserted with a curved needle between the deep ones. The subsequent treatment consists in securing the limbs of the patient together, removing the urine two or three times in the twenty-four hours, or by allowing a self-retaining catheter to remain in the bladder, having a small Indian-rubber tube attached to its extremity, in order to conduct the urine into a vessel properly placed. The bowels are to be kept quiet for seven or eight days with opium, and any painful accumulations of flatus in the rectum are to be removed by carefully introducing a female catheter. The diet should consist of milk, animal broth, eggs, cream; toast, and, after the fifth day, some solid food. The stitches are not to be removed until the seventh day; and on that day, or the day following, the bowels should be opened by small doses of castor oil, or some

saline, at considerable intervals (two teaspoonfuls of oil every fourth hour). The utmost caution is to be observed in securing the first evacuation. The nurse should be directed to support the nates —the patient to avoid any strong straining effort ; and, if necessary, the contents of the rectum may be softened by throwing into the bowel, very gently, a little warm water. The rectum may become impacted with a large mass, the expulsion of which would certainly tear asunder the tender line of union ; and then it is proper to pick a channel through the centre of the mass, until its walls fall together, and it may safely be expelled. Once opened, the bowels should be locked up for four or five days, in order that the cicatrix may become solid.

TREATMENT OF SPASMODIC ASTHMA BY CHLORAL.

BY C. T. WILLIAMS, M.D., F.R.C.P.

At a meeting of the Clinical Society of London, October 10th, Dr. Williams brought forward three cases of spasmodic asthma treated by chloral. The first was that of a married woman, aged twenty-three, from the Isle of Man. Various remedies had been tried in vain. On her arrival in town, Dr. Williams did not at first pursue active treatment, hoping that the change of climate might give relief. The fit, however, coming on as usual, chloral was given in twenty grain doses. After the first dose she fell asleep for an hour ; after the second she slept a whole night ; and a few more rendered her breathing quite clear. The drug was then omitted, and the patient remained free from asthma for more than a week. The second case was that of a lad, aged sixteen, who had been subject for six years to attacks occurring once a week and lasting three days. Chloral was given during a severe paroxysm, with the result of causing sleep and immediate relief to the breathing. He remained in the Brompton Hospital free from attacks, in spite of several threatenings of dyspnœa, which were always averted by the timely administration of chloral. The third patient was an unmarried woman, aged twenty-seven, with a history of asthma of two years' standing ; the attacks occurring every morning, lasting two or three hours, and often recurring in the forenoon. During a very severe one, which occurred in the Brompton Hospital, a variety of drugs were tried with little effect. Chloroform inhalation gave some relief, but cused cardiac intermission. Hypodermic injection of morphia did good, but her increasing lividity precluded its continuance. Chloral was then given in twenty-grain doses, and the first dose induced slumber and easy respiration. The drug was continued in smaller doses for upwards of two months, during which time the attacks seldom recurred, and, when they did so, were extremely mild. Once the chloral was omitted, and the asthma immediately returned, but ceased on resuming it. All the cases were complicated by catarrhal symptoms, and in the third case there was considerable emphysema, which diminished during the patient's stay in the hospital. Biermer, of Zurich, had already used chloral extensively in these cases. Dr. Thedore Williams's own experience, founded on upwards of twenty cases, was decidedly favorable to the use of the hydrate of chloral in spasmodic asthma. In only two cases had any untoward symptoms arisen.

Dr. Reginald Southey remarked that most cases of athma showed a nervous or hysterical temperament, and that if the disease depends distinctly on a neurosis, the drug acted as a stimulant, and so did good. In one case that had come under his notice, nitrite of amyl was decidedly beneficial, though the effect was only temporary.

Dr. A. P. Stewart, in complimenting Dr. Williams on his paper, observed that chloral hydrate was a very uncertain remedy, that it sometimes caused great and alarming depression of the circulation, and usually extreme irritation, with affection of the eyes, etc. He (Dr. Stewart) believed rather in the efficacy of large doses of bromide of potassium, which, in his opinion, was a less perilous remedy than chloral hydrate.

Mr. Nunn asked Dr. Williams if any of his cases were due to special diet, and remarked that various articles of food, as rice, will in some persons cause symptoms akin to suffocation.

Dr. Williams, in replying, did not agree with Dr. Southey as to the stimulant properties of chloral, demurred to the dangers attending its administration indicated by Dr. Stewart, and thought it a safe remedy, inasmuch as very few fatal cases resulting from its use are recorded, although it is now well known as a domestic medicine. He believed that the cases recorded in his paper were due, not to dietetic, but to climatic causes.—*Lancet. Half-yearly abstract.*

[We have tried this remedy in spasmodic asthma and can fully endorse the statements of Dr. Williams.]—Ed. L.

SANITARY SCIENCE.

In a very exhaustive discourse delivered at the Birmingham Town Hall, and published in *Nature*, Professor Corfield alluded to sanitary science as a thing of yesterday, comparatively speaking ; but sanitary art, the art of preserving the health, whether of individuals or of communities, he remarked, has been studied and practised for ages. Sanitary science is the latest and highest develop-

ment of medical science because of the extreme importance of its objects and results. It is the study of the causes of diseases, and it points out the means of preventing them; and I am sure, continued the lecturer, you are all agreed that "prevention is better than cure;" as Rollet of Lyons well said, "Medicine cures individuals, hygiene saves the masses." But while we contrast hygiene (another name for sanitary science) with curative medicine, we must not forget that it is altogether a medical science, and that its great lights have been all medical men (mind, I am not speaking of the art now, but of the science), and this is necessarily so, and always must be so. I have said that sanitary science is the study of the causes of diseases, of the modes in which they originate, and in which they spread from one person or place to another. It is therefore only those who are acquainted with disease that are competent to deal with it all, and these are those who have made medical science generally their special subject. You sometimes hear it said that medical men don't know much about diseases. Just think what this means; disease has been studied by earnest men in all its various forms for thousands of years; experiences have been recorded, comparisons made; the effects of remedies noted from generation to generation, and yet we are asked to believe that medical men don't know anything about diseases; the thing is absurd on the face of it. * * *

But if sanitary science is a thing of yesterday, such is not the case with the observation of sanitary facts, nor with the practice of sanitary art; and while it is true that sanitary science is essentially and entirely a medical study, and is necessarily so, it is equally true that the practice of the art of preserving the health is not only possible to all, but is a duty which devolves upon all. In all ages we have had writers on this subject. From all countries we may learn useful lessons about it. From the times of Hippocrates, Galen, and Celsus we have had records of the results of observations on the methods of preserving the health; from the time of Moses we had lawgivers imposing sanitary conditions of existence upon unwilling, because ignorant populations. We look upon the immense engineering work undertaken and carried out by the Romans to supply their towns with pure water with astonishment, and we turn round and see our own towns supplied from polluted rivers, or, worse still, from shallow wells dug in the soil upon which they themselves stand, well supplied in most cases chiefly by the foul water which has percolated from the surface of the ground. We have found out in later times that one of the main conditions of the health of communities depends on the purity of the drinking water, and we see that the Roman engineers, by having to go to a considerable distance for water in order to get it to a sufficient height in their cities, accidentally, as it were, fulfilled one of the most important of sanitary requirements.

"Knowledge is power," and as we come to know more of the conditions which favour the spread of diseases, as we do daily, it is our own fault if we neglect to use the power which that knowledge gives us. There are two conditions of insalubrity which are pre-eminent. I hardly know which to place first. The one is overcrowding, and the other the accumulation of refuse matters in and about dwellings. These conditions were those which especially favoured the spread of the fearful plagues of the middle ages; as a result of overcrowding we have a deteriorated condition of the air, from the diminution of the amount of its most essential constituent, oxygen; and, worse still, we have it rendered foul by the exhalation of decomposing organic matters from the bodies of the persons breathing it. Such a state of air is especially favourable to the multiplication of the poisons of diseases; such a state of the air is also brought about by the non-removal of refuse matters from the vicinity of habitations.

I consider that one of the most important conclusions that the study of sanitary science has forced upon us lately is the conclusion that the immediate removal of refuse matters is one of the first necessities of the healthy existence of a community. There are those who would have you believe that refuse matters may be rendered innocuous in one way or another, so that they may be kept with safety in and near to houses. Don't listen to them; the principle is wrong—radically wrong. Depend upon it that the true method is to get rid of such matters at once, and in the simplest possible way, and that is the cheapest plan in the end. Show me a town where refuse matters are kept—no matter how they are treated—and I will show you a town where the standard of vitality is low; I will show you a town with a high death-rate, especially among children.—*Medical Press and Circular.*

PLANTS IN SLEEPING ROOMS.

In a recent number of the *St. Louis Medical and Surgical Journal* is a letter from Mr. Kedzie, in which he quotes a paragraph from Professor Johnson's "How Crops Feed," in which it is stated very correctly that the quantity of carbonic acid absorbed by day by plants in direct light is vastly greater than that exhaled during the night. According to Corenwinder's experiment, fifteen to twenty minutes of direct sunlight enable the colza, the pea, the bean, the raspberry, and sunflower to absorb as much carbonic acid as they exhale during a whole night. Boussingault found as the average of a number of experiments that a square meter of oleander leaves decomposed in sunlight 1·108 litres of carbonic acid per hour; in the dark the same surface of leaf exhaled ·07 litre (each litre is equal

o about two pints and one-eight) of this gas. From his it would appear that the balance is likely to be n favour of their utility in purifying the air, espe-ially as during the day they eliminate oxygen. In order, however, to determine the point, Mr. Ked-die collected air from the college green-house, in which there were more than 6000 plants, before sunrise, and after the room had been closed more than twelve hours. The average of five analysis showed that there were 3·94 parts of carbonic acid in 10,000 of air, and it thus appears that the air in the greenhouse was better than "pure country air," which contains 4 parts in 10,000. To ascertain whether the air in the greenhouse had more carbonic acid by night than by day Mr. Kedzie analysed two specimens at 2 p.m. These gave 1·40 and 1·38 parts of carbonic in 10,000, or an average of 1·39 parts, showing that the night air contained more carbonic acid than did the air of the day. On the whole, it may be safely concluded shat the presence of one or two dozen plants in a room will not exhale enough carbonic acid by night to injure the sleepers.—*Lancet.*

DIAGNOSIS OF SCROTAL TUMORS.

BY THOMAS BRYANT, F.R.C.S., SURGEON TO GUY'S HOSPITAL.

[We quote the following passage as an example of the practical method with which Mr. Bryant deals with a subject] :—

"I propose now to consider the subject of diagnosis of scrotal tumors as a whole, to describe the train of thought as it passes through the surgeon's mind in his attempt to diagnose a tumor of the testis, and to point out the special symptoms, or their combination, as they tend to indicate the presence of any special affection. Fully recognizing the great difficulty so frequntly experienced in forming a positive opinion as to the nature of a scrotal tumor, I believe that a near approximation to truth may generally be made when the history of the case and its special symptoms are carefully weighed, and I am not disposed to place amongst the impossible the diagnosis of a scrotal tumor, because occasionally great difficulty may be experienced, or it may be beyond our power to form any positive opinion upon the point. There are gradations of probability in all our conclusions as to the diagnosis of any disease; a certainty, untainted by fallacy or doubt, is rarely obtained; and I take it, we are as often correct in our judgment of a scrotal tumor as we are of any other affection.

"The first point the surgeon has to decide, on being consulted as to the nature of a scrotal tumor, has reference to the question of hernia. Is the tumor from the abdominal cavity? Should the surgeon be able to isolate the growth at its neck from the abdominal cavity by the thumb and finger the question is or at once decided, for almost all scrotal tumors can be so isolated, it being quite exceptional for any to pass up the cord so far as the internal ring. Rare cases of vaginal hydrocele, or hæmatocele, in which the tunica vaginalis is open up to the internal ring, form an exception.

"This important preliminary point having been decided, the nature of the growth claims our attention next.

"Is it a hydrocele or a hæmatocele? Is it the product of inflammation or of tubercular disease? Is it a new growth altogether, and if so, is it innocent in its nature or malignant?

"Should the tumor prove translucent by transmitted light, the existence of a hydrocele may fairly be decided, although the form of this affection may yet be doubtful. Is it an ordinary vaginal hydrocele, or is it encysted? Should the tumor be large, even, and pyriform, and should the testis be found, either by means of manipulation or by the opacity displayed at one spot on transmitting light—at the posterior part of the tumor—vaginal hydrocele may be suspected; but should the testis exist in front or at one side, and should the tumor be small and have been of very slow growth, and should it be more or less globular or evidently multilocular, a cystic hydrocele may probably be diagnosed. The tapping of the tumor, will, however, settle the diagnosis; for in vaginal hydrocele the fluid will be more or less straw-colored and albuminous; in the encysted it will be thin, non-albuminous, pale, and probably opalescent, containing on microscopical examination granules and spermatozoa.

"The presence of hydrocele is thus readily decided in the majority of cases, but in rare or old instances the tumor is at times opaque, thus complicating the diagnosis. The history of these cases will, however, tend to throw much light upon the point, for it will to a certainty reveal a disease of very long standing; the tumor will be probably painless and fluctuating, and the testis will be made out in its usual position at the posterior part of the sac. Should a doubt exist, a puncture with an exploring trocar and canula will decide the question, for in these cases fluid will be drawn off of a dark color, loaded with cholesterine.

"We will now pass on to the consideration of tumors which are not translucent, and not hydrocele, and it is here that the surgeon experiences true difficulty in his diagnosis, for almost all the diseases of the testis are insidious in their growth, and most are painless in their development. The hæmatocele usually follows upon some strain or injury, and increase with tolerable rapidity up to a certain point

and is accompanied with pain which soon subsides; it then becomes stationary as to size, and remains torpid for a variable period, when pain again appears with other signs of inflammation. The presence of the testis is also to be made out by manipulation towards the posterior part of the organ. The surface of the tumor is alway smooth, more or less oval or pyriform, and semi-elastic or fluctuating.

"The inflammatory affections of the testis have a peculiar shape, being literally flattened; they are usually accompanied at some period of their course with tenderness and pain, and often associated with fluid in the tunica vaginalis. In the syphilitic inflammation this fluid is often copious. Both organs are also generally involved, either together or at different times. The tumor is usually somewhat tender to the touch, and has a firm fibrous feel, unlike the semi-elastic and half-fluctuating sensations given by the cystic or carcinomatous disease. In very chronic cases the testis may, however, be perfectly painless, and will allow of any amount of manipulation without distress; the natural testicular sensation will soon have disappeared. In syphilitic disease the surface of the tumor will probably be irregular, with firm fibrous outgrowths in different parts and in the tunica albuginea.

"In the tubercular affection of the epididymis or testis there should not be any difficulty in the diagnosis, for the tubercular deposit, as a rule, takes place unaccompanied with any pain, or any symptom beyond that produced by its deposition. When deposited in masses—its usual form—it feels like some foreign body introduced into the body of the gland or of the epididymis; it is at first quite painless and unproductive of any symptoms, these only appearing when the material begins to soften down, and excite some inflammatory action in the parts around. The tubercular material may be deposited in one mass or more masses, these subsequently, perhaps, coalescing into an irregular induration. When suppuration takes place, the diagnosis is complete.

"The cystic or simple tumors of the testis are painless from the beginning, painless during their growth, as well as on manipulation, and are to be recognized by purely negative symptoms. They attract the patient's observation only from their size; can be handled without exciting pain, and are usually free from even the natural sensation of the organ upon pressure. They are slow in their progress, uniform in their outline, and more or less globular; are always confined to one gland; are rarely accompanied with fluid in the tunica vaginalis; and, on being punctured, emit only a more or less blood-stained glairy mucus.

"The cancerous tumors of the organ are more rapid in their development than the cystic—a year's growth, as a rule, giving a large tumor; they are likewise painless, and readily allow of free manipulation. The natural sensation of the organ also disappears. They are unaccompanied with a hydrocle, and also involve only one organ. They have a more elastic and fluctuating feel than the cystic, and the inflammatory enlargements, and when their outline is unequal or bossy, the projection is generally softer than the other portion of the tumor. An exploring needle, or trocar and canula, rarely, if ever, reveals the mucoid fluid so characteristic of a cancer. In the preceding table the chief points of difference in the several chronic affections of the testicles are clearly shown."—*Half-yearly abstract of Med. Sciences.*

AUSCULTATION AS AN AID TO THE DIAGNOSIS OF STONE IN THE BLADDER.

BY HENRY H. HEAD, M.D. PHYSICIAN TO THE ADELAIDE HOSPITAL.

Dr. Head states that he sounded a gentleman's bladder and was pretty sure that he detected a stone, but did not think the evidence absolutely conclusive, when it occurred to him to try auscultation, to see if it would assist his diagnosis. He accordingly applied one end of an Indian-rubber tube to the top of the catheter with which he was examining him, and the other to his ear, and at once heard, with the greatest distinctness, the instrument strike the stone. The evidence afforded was so conclusive that there could no longer be any doubt on the subject.

He adds: "Since I saw the above case, I have performed my experiments with substances of various sizes and degrees of hardness, placed in a bladder distended with water, and have never failed to discover them by the sense of hearing, which I have found much more delicate than that of touch. Even a small piece of soft chalk, not larger than a pea, can be most easily detected; the slightest touch of the catheter or sound being conveyed to the ear, when it could not be recognized by the hand.

"I feel confident this method of applying auscultation will afford most material aid to the surgeon in forming a diagnosis in doubtful cases."

The apparatus used by him consists of a small vulcanized Indian-rubber tube, about eighteen or twenty four inches long, to one end of which an ivory ear-piece is attached, similar to that used for ear-trumphets; and into the other end is inserted a metalic plug, with a tapering end protruding, which should be pressed tightly into the canal of the catheter; or, if a solid sound is used, the end of the tube, without the plug, may be fastened on it.—*Irish Hospital Gazette. H. Y. Abstract.*

TWO NEW METHODS OF RECTAL LITHOTOMY.

Dr. Theodore Schaffer (*Vierteljahrschrift fur prakt. Heilkunde*) describes two new methods of lithotomy, which he calls, 1. recto-vesical lithotomy; 2. recto-urethro-prostatic lithotomy. By the recto-vesical lithotomy, we penetrate directly into the bladder. This operation is performed in five stages. The first comprises the preliminary dilatation of the rectum and the bladder. The dilatation of the rectum is intended to facilitate the access of instruments. It is effected by the aid of Sims's speculum, slightly modified. The rectal walls are further separated by means of hooks of metal wire. The dilatation of the bladder is intended to increase the projection which its base forms in the rectum, to separate laterally the seminal vesicles, and thus to remove them from the field of operation, and finally to elevate the peritoneal *cul-de-sac* which is thus protected. This dilatation is obtained by injection of air, or preferably, of carbonic acid gas, the latter being better borne. When the bladder is very irritable, this injection of gas is not made until after the patient has been placed under chloroform. In the second stage, dissecting forceps are applied above the base of the prostate. The rectal mucous membrane is pinched up transversely, and the fold longitudinally incised. In the third stage, the muscular layer of the rectum is similarly divided. In the fourth, the prostatic perineal aponeurosis is seized, drawn through the rectal wound, and divided longitudinally, after it has been ascertained that the incision will not affect either the seminal vesicles or the deferent canals. In the fifth stage, the base of the bladder (examined first with the same precaution) is longitudinally incised by the aid of scissors, which are conducted along a groove in the catheter. The incision is made to an extent proportional to the presumed size of the stone, but always taking care not to injure the peritoneum. The stone can then be extracted. A few points of suture are then applied by a form of needle invented and described by the author as greatly facilitating the operation. The second method is named by the author lateral recto-prostatic lithotomy. It is especially applicable to young subjects, with a view to avoid injuring the peritoneal *cul-de-sac*, which in them descends very low. As in the first method, the bladder and rectum are first dilated; the catheter is then introduced into the bladder. The sound may easily be felt in the membranous part of the urethra, and the prostate explored. Half a centimeter below the border of this organ, a fold is caught by a strong forceps, including the mucous and muscular layers of the rectum. When once all the layers of the rectum are divided, small oblique incisions are made at the extremities of this wound, in such wise as to form a rounded flap, convex below. This flap is lifted up, then dissected. The membranous portion of the urethra is then reached, which is divided, as well as the prostate, to an extent proportionate to the supposed extent of the stone. Some points of suture are then applied to the prostate and the flap, which falls back and applies itself to the spot by its own weight. The author considers the application of suture very important in these cases, to avoid fistulæ. In the operations of rectal lithotomy, where the parts divided have thus been brought together, cure was obtained once in eight days, and once in eleven days, without leaving any fistula.—*Brit. Med. Journal.*

A SAFE METHOD OF INDUCING PREMATURE LABOR.

BY BEVERLEY R. MORRIS, M.D., NOTTINGHAM.

The process that Dr. Morris describes is by galvanism, as far as he is aware by an entirely different application of the principle from any before attempted. The principle involved was introduced by Mr. Dancer, of Manchester, many years ago, for the purpose of arresting post-partum hemorrage, and this it undoubtedly effected satisfactorily; but the apparatus was so cumbersome, that few practitioners could carry it about with them, and, probably from this cause, it was never generally used. The instrument invented by Mr. Dancer was so arranged that one pole of the galvanic current could be introduced into the uterus, while the other was applied over the abdomen; it was so constructed that either a continuous or an interrupted current could be applied. The instant effect was a powerful contraction of the uterus, and a subsequent cessation hemorrhage.

The application of this principle to the induction of premature labor was made by Mr. John Varley, surgeon, of Nottingham. The mode of using this instrument, modified by Mr. Varley, is to insert the metallic point within the os uteri and then, placing the other pole to the abdomen, pass a slight continuous current through the uterus for ten minutes or a quarter of an hour. This induces a dilatation of the os, which is further increased by substituting a larger conical point, and again continuing a gentle current for a few minutes In each case in which this method had been used so far, labor has followed in two or three days; but, should this not be the case, it will only be requisite to apply the current daily until it does. The safest way is to expose the os uteri by a speculum, which may then be withdrawn over the instrument. The great portability of the instrument and battery will allow it to be readily carried in the pocket, and

it is always ready for use at a moment's notice; and the induced current seems to me amply sufficient for the purpose. The arrangement for giving a continuous or broken current is very simple, and entirely and instantly within the operator's power.

The instrument consists of a metallic sound, covered, except at the point, with a non-conducting material, and having a metallic connection at the handle, and so arranged as to be either broken or continuous by a touch of the finger. This intermediate part is connected with one pole of the battery; while the other pole is attached to a metallic tube or conductor for external application, either direct or through the hand of the operator. It is manifest that there are other cases in which it may be most usefully employed, as, for instance, in sluggish or atonic labor, and other similar states.—*Brit. Med. Journal. Half-yearly abstract of Med. Science.*

[It may be employed with success in chronic constipation of an obstinate nature, one pole of the battery of the proper shape is introduced into the rectum and the other is applied over the abdomen. This should be continued for ten minutes or a quarter of an hour, and repeated daily.]—Ed. L.

ON GALL-STONES.

Schiff thinks that these calculi are formed of cholesterin, not because this substance is formed in too great abundance, but because the bile does not contain the principles which maintain it in solution. These are the cholates and choleates of soda and potassa, more than the alkalinity of the bile which dissolves the cholesterin. Schiff therefore advises the administration of eight grains of choleate of soda, to be given twice daily, and increased until "saturation" is indicated by irregularity of the pulse, which becomes slow during repose and accelerated by the least effort. The dose may then be diminished, but not entirely suspended—a considerable time, a week at least, being required for the remedy to produce amelioration of the symptoms.

Gall-stones are exceedingly common at Carlsbad, and Dr. Pichler, of that spa, gives (*Memorabilien*, December, 1873,) some interesting notes on treatment. He obtains the best results from sub-cutaneous injections of morphia, followed by a dose of chloral by the stomach. It is certain that the effect of chloral may be greatly increased by preceding it by morphia hypodermically, so much so that the effect has been sometimes too great, so that, although Dr. Pichler is supported by Nussbaum and others, caution is required. By means of narcein, succeeded by chloroform, Rabuteau produced such an effect on a dog that he could, after waking up, be pinched or pricked without exhibiting any sign of feeling, although he walked about and knew his master's voice. Some such effect as this is seen when a dose of chloral hydrate is taken soon after morphia has been injected hypodermically. No cases would be more appropriate for the cautious employment of such treatment than those in which the passage of gall-stones is producing unpreventable agony.

The treatment of gall-stones Dr. Habershon (*a*) divides into that which is calculated to relieve the paroxysm; that which lessens the jaundice; and thirdly, that which is designed to prevent the recurrence of the attack. As to the first, the intensity of the pain calls for immediate attention, and by means of the hypodermic injection of morphia and the inhalation of chloroform we are enabled to afford considerable relief; these means are much more effective and better than the internal use of opium, which is with difficulty absorbed, and has sometimes been given in such large doses as to endanger the life of the patient. Externally hot fomentations may be applied, or, what is more effectual, the mixed chloroform liniment, belladonna liniment, and aconite liniment—half an ounce of the two first, and a dracham of the latter. If the bowels are confined, they should be acted upon by a free mercurial purgative and warm saline draught, or by an enema.

In hastening the removal of the jaundice, unstimulating diet and gentle action on the bowels are the best means to employ; and the saline mineral waters are often of great assistance, but must be administered with caution. Alkalies may be used with advantage, not only in facilitating the discharge of inspissated bile, but in lessening duodenal irritation. It is of great importance also where other calculi are retained, and also where there is much irritation to the pyloric region of the stomach and the first portion of the duodenum. Bismuth with alkalies is of some value in diminishing this gastric sensibility; but, while anæsthetics and anodynes afford immediate relief, and alkalies promote recovery, a great amount of patience is required by the medical attendant, as well as by the patient, lest the disease be aggravated by over-active treatment.—*The Doctor.*

THE CURE AND CRAVING FOR STIMULANTS.

Dr. Bunton has been writing letters to the *British Messenger* on the temptation to drunkenness caused by the craving for stimulants felt by some people. He furnishes prescriptions which he believes will overcome this craving, and which, we

(*a*) Lettsomian Lectures for 1872, "On Diseases of the Liver."

presume, are to be obtained by his readers at the nearest chemists. Here are two of them :—

" 1st. Put a quarter of an ounce of sulphate of iron and half an ounce of magnesia in an ordinary quart bottle, and fill it up with peppermint water. A wine-glassful to be taken three or four times a day. Instead of the peppermint water an infusion of dried peppermint may be used. It may be made stronger or weaker according to the taste of the patient, and should be allowed to cool before it is added to the sulphate of iron and magnesia. A little gum-arabic or gum-tragacanth added to the mixture will keep the magnesia better suspended, but this may perfectly well be omitted. The bottle should be shaken before the dose is poured out. 2nd. Take an ounce of quassia chips and pour over them as much cold water as will fill three quart bottles. Let them stand an hour, and then strain. Add to the strained liquid 6½ fluid drachms of the solution of iron, sold under the name of 'Liquor Ferri Perchlorida.' Two tablespoonfuls or half a wineglassful to be taken three or four times a day. The iron solution may be measured out with a teaspoon, one teaspoonful being equal to one fluid drachm ; but teaspoons vary in size, and it is therefore better to use a glass measure, which may be bought at any chemist's."

No doubt there are many cases in which chalybeate is indicated, but it may be questioned whether it would not be wiser of those who wish to try the plan to ask a medical man first. The value of such advice is indicated by the following remarks appended by Dr. Brunton to the recipes we have quoted :—

"When the person's tongue is pale, flabby, and marked with the teeth at the edges, the second prescription may be found more useful than the first. When there is any tendency to flatulence the first should be taken a quarter of an hour before meals ; and if either of them causes uneasiness when taken on an empty stomach, they should be used immediately after meals.

"In presence of a robust habit and florid complexion, the following prescription, which I owe to the kindness of Mr. John Groom, of Hampstead, may be found more servicable than either of the preceding. Add one ounce of bruised genetin root to one quart of boiling water. Let this stand four hours ; then strain off the liquor, and add two drachms of carbonate of ammonia. A wineglassful may be taken two or three times a day when the craving comes on.

" This prescription was used by Mr. Fox, (now of Brighton) when surgeon to Bedford Jail. Though I have recommended it in certain cases in preference to the other prescriptions, it may be used by all who are addicted to the use of intoxicating drinks."—*Med. Press and Circular.*

BLOOD-STAINS.

A commission composed of several eminent physicians has recently, at the instance of the Medico-Legal Society of Paris, made an investigation and supplied a report on the tests for blood in blood-stains. The report appears in the "Annales d'Hygiène" for July, and a good translation has been made of the paper by Dr. Denig, which has been published in the *Cincinnati Lancet and Observer* for October. The examination of a blood-stain may be divided into three parts—the histological, the chemical, and that by means of spectrum analysis. As regards the histological investigation little need be said. The form and size of blood-globules in man are so characteristic that if any of the blood can be obtained in a fluid state no difficulty should arise in their determination ; fortunately also they preserve their characters to a great extent when dried, and if treated with appropriate reagents they may then be also easily recognized. To this end it is important that the addition of pure water should be avoided, as the corpuscles swell up and become invisible. The little speck of clot should be allowed to macerate in some fluid similar to the serum of the blood, of which a good imitation may be made by dissolving four parts of chloride of sodium and three hundred parts of white of egg in twenty-seven hundred parts of water. Another fluid is the iodised serum of Schultze, which is made from amniotic liquor to which a few drops of tincture of iodine have been added. A solution of one-half per cent. of common salt in distilled water is also a good menstruum. When minute clots have been macerated according to their age, from a few minutes for a recent speck to a day or two for one of some years' standing, they become discoloured, and the presence of *fibrine* and *white corpuscles* may then be recognized under the microscope. Even when the red corpuscles can no longer be discerned, but more satisfactorily if some of the fresh blood can be obtained, its presence may be determined by means of the spectroscope. If a few drops of blood be added to a little water, so as to confer upon it a delicate peach-blossom colour, and the tube be fixed in the opening of the spectroscope, the luminous rays of the spectrum which pass through the liquid present two bands of absorption between the lines D and E Fraunhofer in the yellow and green. These bands are the same as those that occur with a solution of the crystals of hæmoglobin. On the addition of reducing agents, as hydrogen, or tartrate of the oxide of tin, to the blood, the spectrum of reduced hæmoglobin is obtained, characterised by a single absorption-band as large as the two bands of unreduced hæmoglobin, and commencing a little to the left of the line D of Fraunhofer. The next proceeding is to obtain crystals of the chlorohydrate of hæmatin. A little of the blood is placed

on a glass slide, and dissolved by the addition of a drop of water, and an exceedingly small quantity of chloride of sodium is then added. A thin glass cover is then superimposed, and a little glacial acetic acid is allowed to penetrate beneath the glass cover. The slide is held over a spirit-lamp to the point of ebullition under the microscope; highly characteristic crystals will now be seen, or if not, a little more acid may be added, and the heat re-applied. The crystals are small, rhombohedral, and of a dirty-brown colour, and with a little practice can be obtained from a quantity of blood scarcely recognisable by the naked eye.

Finally, resort may be had to the chemical test with tincture of guaiacum. For this purpose a tincture of guaiacum is prepared by digesting a portion of resin, taken from the centre of a large piece, in alcohol of the density of 80°; in another vessel some binoxide of hydrogen (antosone) is mixed with some pure sulphuric ether and preserved in a cool place secured from light. When the tissue on which the suspected spot is situated is white, and can be washed, it shonld be placed in a small capsule of glass or porcelain, and moistened with a little cold distilled water in order to entirely dissolve the stain. The liquid is then decanted, and a few drops of the tincture of guaiacum and ozonised ether are then added. When blood is present the liquid immediately acquires a blue or greenish-blue colour. The suspicious stains are not unfrequently found on vestments of different colours and material which deprive them of their characteristic brown appearance, or render them nearly in visible. When such is the case, or they have been imperfectly washed out, Dr. Taylor recommends the following method of procedure:—The suspected portions of tissue are moistened with distilled water. Two or three sheets of white blotting-paper, previously tested by the guaiac process, are forcibly pressed on the moistened surface over the spots. If they be due to the colouring matter of the blood, a stain of a red or a yellowish-red tint is communicated to the paper. A few drops of the guaiac tincture should now be allowed to fall on these spots on the paper. Should a blue colour immediately become manifest, the presence of blood is doubtful, and a physico-chemical examination must be made both with the spectrum and search for hæmatin crystals in order to determine the absence or presence of blood. If, on the other hand, the stains on the blotting-paper undergo no change in colour on the addition of the tincture of guaiacum, a few drops of the ozonised ether are poured on. As in the former case, if blood be present the stain on the paper will acquire a blue colour, varying from a pale sky-blue to a deep indigo, in proportion to the amount of blood present. It must not be forgotten, however, that the presence of nasal mucus, saliva, or pus will give rise to similar results. Should, however, no colour manifest itself after the successive employment of both the guaiac and the ozonised ether, the stain on the cloth or other substance is not due to the colouring matter of the blood. It will thus be seen that in any suspected case, in order to arrive at a definite conclusion in regard to the presence of blood, the expert should always in the very beginning divide the matter at his disposal into four parts, using the first in histological analysis, the second for spectral, the third for the production of crystals, and the fourth for Taylor's guaiaic process.—*Lancet.*

TREATMENT OF FISTULA IN ANO BY THE ELASTIC LIGATURE.

BY WILLIAM STOKES, F.R.C.S.,

Professor of Surgery, Royal College of Surgeons, Ireland.

As the substitution of the elastic ligature for the knife in many surgical operations, a method recommended originally by Signor Silvestri, of Vicenza, and recently adopted and strongly advocated by Professor Dittel, of Vienna, is now largely engaging the attention of the surgical profession both at home and abroad, a few particulars of a case of fistula in ano, recently operated on by me in the Richmond Surgical Hospital by this method, will probably be read with interest.

William M., æt. 48, a strong, muscular man, of irritable temper and intemperate habits, was admitted into my wards in the Richmond Hospital on December 10th, 1874, suffering from fistula in ano. Six years previously he suffered from an abscess at the left side of the anus, which was opened while he was in Whitworth Hospital, under treatment for an attack of the delirium tremens. No fistula resulted from this opening. Two years subsequently he suffered again from an abscess in this situation, and in September, 1873, another abscess formed, which burst, and a blind external fistula resulted.

On examination shortly after his admission into the hospital, I perceived the external opening of the fistula, situated at about an inch and a quarter to the left side of the anus. On introducing a director in the fistula, I found that it passed upwards and inwards to an unusual height, and also that it was incomplete. In consequence, therefore, of the great length of the fistula, and the distance of the external orifice from the anus, I considered it a suitable case for treatment by the elastic ligature, as by the ordinary operation, owing to the amount of tissues which would have had to be divided by the knife, the hæmorrhage would probably have been very excessive and difficult to control. This, considering the patient's

habits and constitution, would have been a matter of serious consequence.

I first completed the fistula by Blandin's bistoury, and then I passed a long probe, armed with a double elastic ligature, through the fistula. Owing to its great height, I had considerable difficulty in detaching the ligature from the probe in the rectum; but this I eventually succeeded in doing, and drawing out the loop through the anus I removed the probe, thus leaving the two free ends of the ligature through the orifice of the fistula. I then put the double ligature tightly on the stretch and fastened it securely. This latter procedure was accompanied by a considerable amount of pain, which continued for about an hour subsequent to the operation. A morphine suppository then administered, however, effectually relieved the pain.

On the evening of the fourth day after the ligature was applied it came away, the patient not having lost during the entire proceeding a single drop of blood. The parts divided by the ligature united with remarkable rapidity, and recently the patient returned home in excellent health and spirits.

Tne impression produced in my mind by the result obtained in this case has been most favourable, the case being one which, owing to the peculiar habits and constitution of the patient and the great height of the fistula, most surgeons would have certainly hesitated or declined operating on by the ordinary method of division of the sphincter.

Although I entertain grave doubts as to the alleged immunity from the occurrence of pyæmia, which Professor Dittel claims for this method, I am confident it will be in many instances preferred by operating surgeons to cutting instruments, "when," as Professor Dittel observes, "he has to undertake operations in cavities and canals which are out of sight, or which are so narrow that it is extremely difficult, if not impossible to use cutting instruments within them, or when he feels certain whether he may be able to tie the bleeding vessel (as in anal fistulæ situated high up). In other cases he will desire to avoid hæmorrhage and the formation of large wounds in children or in old persons.—*Med. Press and Circular.*

REMOVAL OF GROWTHS, ETC., BY THE ELASTIC LIGATURE.

BY SIR HENRY THOMPSON, F.R.C.S.

I have been asked by so many persons to state anything I chance to know relative to this subject, that it seems necessary to comply briefly with the suggestion. I confess, however, I would rather have waited for a larger personal experience than the observation of a few cases at Vienna and the management of one case here can afford me. But as in making experiments—and no doubt many of my brethren will be inclined to try the plan—it is certainly desirable to be first provided with a hint or two relative to the procedure, I see no objection in writing a few lines for the purpose.

Of the woman whose right breast I removed by means of the india-rubber ligature, I may say that she has made an excellent recovery. The progress of the case was unsatisfactory at first, owing to two circumstances. The first was an attack of erysipelas, prolonged rather than severe, which appeared two or three days after the application of the ligature, and which affected the right arm, shoulder, and most part of the back.

Erysipelas has been very prevailent of late. Thus, I operated by lateral lithotomy this day fortnight on a man in the hospital, aged seventy-three years, who has been attacked by it in the perineum, buttock, and scrotum, but who is nevertheless doing admirably well, and will soon recover. So that I see no reason to suppose that any special liability to erysipelas arises from the peculiar nature of the operation on the breast.

The second unfavourable circumstance is that, being my first case, the elastic thread was not tied tightly enough, as I now think. In fact, I was afraid of snapping it at the time of operation.

At the end of eight or ten days the ligature was evidently not embracing the still undivided portion so firmly as it ought to have done. I therefore made it tighter, which was very easily done by pulling out the loop from the wound as far as possible without much hurting the patient, and tying round it a fine ligature, so as to diminish, perhaps by one-half, the encircling noose. Certainly the mass was larger than I at first suspected it to be; and it is not to be overlooked that the whole breast was of course extirpated.

The cord on one side gave way about the second day; I therefore did not reapply it until after the other half of the breast had been divided; and on this occassion the process was more rapid, and no more erysipelas appeared as the result of the fresh pressure from the ligature on the skin. The whole mass was removed about ten or twelve days since, and nothing can be better than the appearance of the wound now, which began to diminish rapidly after the tumour came away.

I am satisfied that the fine india-rubber tube which I used, and which was the only material then attainable, was not sufficiently strong. I have therefore had some *solid* cord manufactured for me, which is more powerful, and which I believe will divide the tissues in at least one-half the time which was occupied in this case by the tube. Its superiority is very manifest, for, being much stronger, it may be drawn at least twice as tight as

the tube, and the consquence is that not only is the tension on the tumour greater, but the cord itself by the same process becomes finer, and therefore cuts more rapidly. In fact, there is no comparison between the two.

A small quantity of this cord could not be made, as no such product is required for any other purpose, and I have, therefore, deposited the whole with Messrs. Weiss and Son, from whom it can be obtained.

I also think it must be better, as Prof. Dittel now does, to apply the ligature to one-half of the breast at a time, the lower side, and not to use the second for the upper half until the first has seperated. This was what actually did occur in my case, only the upper ligature, having remained some thirty-six hours or so before giving way, strangled the whole mass, and produced a far more offensive result than would have occurred had only one been at first employed.

No doubt the principle objection to the plan is the smell which necessarily arises from the sphacelated portion. This was much controlled by constant irritation with carbolic acid and water, from a bottle placed above the level of the patient's head ; a small current flowing through a tube, the lower extremity of which rested on the breast as the patient lay in bed, the part being isolated by means of a macintosh cloth, and the solution running into a receptable below. All this was admirably arranged and attended to by the house-surgeon, Mr. Buxton Browne.

No doubt a breast is a rather severe test for a ligature, although I do not hesitate to anticipate a very much better result with a more powerful cord. For the removal of the testicle, and for division of fistula in ano, I think it will be found admirable.

The cord itself ought to be more accurately described. Its size before use is the following : [redacted] When applied it should be strained until it is a mere thread—say like this :

[redacted]

It would be very easy to devise a simple apparatus to tighten it subsequently, but it is so easy to accomplish this by pulling it out if loose, and tying a bit of fine ligature round the portion to drawn out, that it seems unecessary to employ any other means. But with the new cord it is very probable that no such readjustment will be required.

THEORY AND PRACTICE OF TRANSFUSION.

BY ROBERT BARNES, M.D., F.R.C.P.

There is nothing more sad than to see a woman in labour or childbed bleed to death. It is surely a just reproach to our art if such a catastrophe occur. The first thing to study is, how to obviate the causes of hæmorrhage ; the second is, how to put a stop to the hæmorrhage when actually present and threatening to continue ; the third is, how to rally the system from dangerous exhaustation induced by the loss of blood.

The highest achievement of medical science would undoubtedly be to secure the first of these three ends, and thus to exclude all necessity for considering the remaining two. Unfortunately we cannot in all cases command all the essential conditions. We must therefore make up our minds how to deal with hæmorrhage and its effects. The number of cases in which hæmorrhage cannot be averted, now that we have so affected a resource in rebellious cases as the topical use of perchloride of iron, is becoming more limited every day. Still, even in some cases where hæmorrhage has been stopped, life may ebb away unless restorative means be applied. The greatest of these is transfusion. I rejoice to see the revival of this operation concurrently with the extending use of the perchloride of iron.

The following case, though not successful, is not without interest in several points :—A short time ago I met Dr. Devereux, of Tewkesbury, at a case of extreme exhaustation from secondary post-partum hæmorrage. At one time it was thought the patient was dead, so utter was the prostration. The pulse rallied now and then, but often flagged so that it became imperceptible ; the respiration was laborious and frequent, so loud that it could be heard in the adjoining room ; the face and extremities were cold ; the voice almost extinct. She swallowed beef-tea and port from time to time, but soon vomited all. This was about 8.30 P.M. The extreme prostration, and the hopelessness of getting any nutriment absorbed either by stomach or bowel, led us to look upon transfusion as the last hope. Discussing the means of accomplishing this, we found the best we could do was to use the aspirator syringe. This had to be fetched at a distance of five miles. In the meantime I got everything ready. The gardener offered an arm. At 10 P.M. the operation was carried out. The syringe being made on the principle of a stomach-pump, with reversible action, answered extremly well. We filed down the point of the aspirator-trocar, and this served very fairly for insertion into the patient's vein. As circumstances left no other chance between immediate and mediate transfusion, so were we compelled to defibrinate the blood. The man who yielded the blood was fat, and his veins small, so that it was with difficulty we obtained four ounces. This was defibrinated by whipping with a silver fork and filtering through a cambric handkerchief. Believing that one factor in the danger attending cases of prostration is the merely dynamic one arising from the absence from the heart and vessels of

fluid to act upon, and considering that we had so small a quantity of blood at our disposal, I first filled the syringe with a solution of phosphate of soda, carbonate of soda, and chloride of sodium, at a temperature of 100° F. Pumping this through the syringe also served to get rid of air from the apparatus. The vein in the patient's right arm was found by pinching up a fold of skin, transfixing it transversely to the course of the vein, and then dissecting through a little cellular tissue. It was then pinched up by forceps, and a sufficient opening made into it. The trocar was passed one inch and a half into it. The injection was then slowly made. The blood was partly mixed with the saline solution; altogether about six ounces of fluid, including all the blood, was thrown in. Almost instantly the pulse improved, warmth spread over the body, the face and manner became more natural, the respiration became tranquil, and we were tempted to hope that she might pull through. We prepared everything for repetition of the transfusion in the morning should the condition be favourable. But the rally was short; the respiration again became moaning, rapid, and laboured; the pulse flagged, and the patient sank at 1.30 A.M., about three hours after the injection.

Amongst other reflections suggested by this and similar cases are the following:—

1. The vomiting of the beaf-tea and wine, which had been accumulating in the stomach from repeated exhibition in small doses, in an unchanged state, and the obvious failure of any restorative effect, are proofs that the vital power is so low that nothing is to be hoped for in the way of replenishing the empty circulation from absorption.

2. The rapid and laboured respiration is evidence of the craving of the system for oxygenated blood. Air goes in and out of the lungs with great rapidity, but it has nothing to act upon. Its obvious effect is to accelerate the cooling of the body.

3. When we see things at this point—extreme exhaustation, feeble or imperceptible pulse, rapid laboured breathing, non-response of the system to nutriment and stimulants administered by the stomach or rectum, and vomiting and great agitation,—we may fairly conclude that direct injection into the vessels is indicated.

4. Blood may be used either whole or defibrinated. The choice will be governed by circumstances. If we have Aveling's or other proper apparatus to practice transfusion from arm to arm, so that the blood passes from giver to receiver without ever being exposed to the air or allowed to rest, this will often be the preferable plan; but where the proper apparatus is wanting, as it is likely to be, defibrination is better.

5. The experience of Dr. Little in cholera cases, and other considerations, show that saline solutions may be injected into the veins with advantage. I believe that they may, with great utility, be used to supplement or to dilute the blood used in transfusion for the loss of blood, and that not only is the saline fluid useful by virtue of its chemical properties, but also by its physical quality of bulk, supplying a volume of fluid upon which the heart and vessels can work effectually.

6. That transfusion will be more and more extensively resorted to appears to me certain. Its extended use, however, must greatly depend upon a general understanding of the conditions that call for operation, and of the modes of performing it. So long as it is considered necessary to have a special apparatus, the operation should be performed rarely. But let it be understood that blood either whole or defibrinated will do, and that almost any syringe can be made to answer, and the great obstacle to the extension of the operation will have vanished. Nothing can be more easy than to furnish every stomach-pump case with a flexible tube to which a transfusion-canula is attached. As no practioner of medicine ought to be without a stomach-pump, the *necessary* apparatus will never be wanting. I should not hesitate to use an ordinary Higgonson's syringe.

Here, as in all great emergencies, an essential condition is to *act in time*. Just as the perchloride of iron may be used too late, so may transfusion or injection be delayed until the nervous centres will have lost the power of responding to the fresh pabulum supplied.—*Lancet.*

CLINIC ON VARICOCELE AND STRICTURE.

BY JOHN H. BRINTON, M.D., PHILADELPHIA HOSPITAL.

Varicocele.—This man, a German, is 55 years of age; he has had varicocele on the left side for some years; it is gradually increasing in size, is productive of great annoyance, and of much pain, and utterly unfits him for work. He cannot earn his daily bread. It is worse in warm weather. And here let me say a word or two relative to the symptoms, generally of varicocele. The swelling of the left side resembles, as has been so often remarked, a bundle of earth worms; they roll under under the finger, and can be mistaken for nothing else. Sometimes the bulk of the veneous mass is very great; and at other times scarcely larger than normal. You will find, however, that the relative size has little to do with the degree of pain. A small varicocele may sometimes cause great agony, and a large one scarcely any incumbrance whatever, or the reverse may be true. This is a very important matter, and is one which usually guides my treatment. If a patient with varicocele merely suffers some annoyance, a little

weight in the testicle, perhaps with a show of weakness, I content myself with a palliative treatment. If he suffers pain, sharp, shooting pain, with liability to exacerbation on exercise, with sometimes a tendency to orchitis, or epididymitis, and almost always with great mental depression, then I resort to a radical cure by operation.

What is the palliative cure? It is the use of a suspensory bandage. You will be astonished, in practice, to find how few persons understand the proper selection of suspensory. Most will order or choose some elaborate arrangement provided with a strong elastic or silk band, the effect of which is to draw the testicles strongly up against the crotch, in which position they are liable to be rubbed by every motion of the thigh. Now this is all wrong; a testicle with varicocele is a very tender object, and must be most carefully treated. The best of all suspensories for an engorged or irritated testicle, is the old-fashioned French suspensory, which you can buy for a quarter of a dollar at any apothecary. These dressings simply support the testicle, and if the bag or sac is of proper size, and the buttock strips of sufficient length, they steady the organ, take off all the weight, and protect it from the attrition of the thighs. This is a little matter, but just remember it, gentlemen, it will be useful to you some day. If you doubt the soundness of my directions, buy the respective suspensories, strap them on yourself, wear each one a day, and then see which you like best.

But let us suppose that the case for your treatment is one in which the palliative treatment is inadmissible. Perhaps your patient is prevented, by his infirmity, from earning his own living; perhaps his case is one of great physical and mental suffering; what then will you do? Operate by the ligature of the spermatic veins. Refer again to this diagram: here the needle is represented as being carried across from side to side between the vas deferens and the cord. It is then turned backward beneath the skin, and the front of the veins. The veins of the cord are thus included, in the loop of the ligature. You will say to me, I am sure, "You tie the spermatic artery as well as the veins; is there no danger of atrophy of the testicle?" There is, I believe, none, for you will observe this great anastamosing branch, to which I have already referred, and which connects the deferential with the lower part of the spermatic artery, and which will still carry sufficient blood to the testicle.

The ligature of the veins is the operation we will select, and I will practice it upon this patient. Before an anæsthetic is administered to him, I will ask you to examine his scrotum; see how large is this mass of veins, and how the weight of the contained column of blood drags down all the structures, and causes the testicle to hang low; see, too, when he is in the upright position, that the varicose vessels becomes turgid from the effect of gravity.

I now take the upper part of the scrotum between my thumb and fingers, and roll it a little; as I do so I clearly distinguish the veins, and in the back part the mass I detect a firm, round cord, like a knitting needle. I squese it, and the man experiences a little nausea. Try this experiment on your own person to-night, before you retire. The round cord is the vas deferens, and I am thus careful in fixing its position, in order that it may not be included in the ligature I am about to apply. Retaining my grasp on the vas, I now let the patient lay down, and direct an assistant to give him a little chloroform or ether. I next take this straight needle, armed with an exceedingly strong thread of fine Italian hemp, and carry the needle transversley across the scrotum, between the vas deferens and the veins. Its point has now emerged; I draw out the needle and reverse its direction carrying it through the opening or exit, but this time making its point pass in front of the dilated veins and close beneath the shin. I then draw out the needle and ligature through the first opening or entrance. The whole mass of veins, as well as the spermatic artery, are now included in the loop of the thread, but the vas deferens and its artery are not. I then tie in a bow-knot all of the included tissues, having first passed the ends of the ligature through the holes of this big button. The veins are thus completely strangulated, and the operation is finished. The proceeding which I have thus described is the old operation of Malgaigne, itself an improvement upon Gagnebe's. Malgaigne knotted his threads over a conical piece of cork. The button you have seen used is possibly better, but the operation is one and the same thing.

Now what is the after treatment of this case? Simply this: a dose of opium, rest in bed, and, mark the next direction, the constant application of a small piece of ice upon the testicle operated upon. Of course this will be upon two or three folds of flannel, to prevent the freezing of the part. I place great stress upon the ice application; without it the testicle usually swells very very considerably, and sometimes this inflamatory condition is attended by great pain. You will find that the ice will control this action to a great extent, and I hope to be able to demonstrate his fact to you in the progress of this patients case.

There is but one other point to refer to, and that is the length of time during which this ligature should be allowed to remain. I usually remove it at the expiration of ten or twelve days, as by that time the obliteration of the veins have been effected by the inflammatory process. Sometimes, when the swelling is inconsiderable, and there is

no pain whatever, I allow the thread to remain until it cuts its way out, which usually happens in about eighteen or twenty days, and am then sure of a cure. I shall bring this man before you next Wednesday, so that you may see his condition for yourselves.

STRICTURE.

I wish now to resume my remarks upon the subject of stricture, at the closing point two weeks ago. You will remember that I then had both of these men before you. Each of them suffers under an obstruction situated just in front of the membraneous urethra. I made the diagnosis in these cases in your presence, and you will recollect that I succeeded in passing through each of these strictures a fine whalebone capillary bougie, and over that one of the tunneled instruments which I exhibited to you. I told you at that time, that the after treatment of these cases would consist in carrying out the work of dilatation which had been so prosperously begun and that this gradual dilatation could be accomplished by means of flexible instruments. Here are these instruments, and it is concerning them that I would speak this morning.

When you come to talk over this matter of stricture and its treatment with your surgical brethren, you will be surprised, if indeed you have not already been, by the variety and by the strength of the different opinions expressed concerning it. One man will tell you, "I never use soft instruments, I abominate them ; the metallic instrument is good enough for me." Another will say, "I regard the matallic instrument as dangerous, I have seen men killed by them, therefore I always employ flexible instruments." Now, gentlemen, each of these speakers might in one instance be entirely right, and in another entirely wrong. For my own part, I employ flexible instruments of every shape, size and form, and I also make quite as extended a use of the various metallic instruments. Look, if you please, at that case of instruments ; it is my every day working supply ; and see how largely it is provided with every sort of instruments, both flexible and metallic. Now when ought you to use the one, and when the other ?

I can but illustrate this matter by reference to the two patients in the arena. This man had a very tight structure ; I overcame it by the whalebone, and in so doing explored it thoroughly, and was enabled to arrive at an idea of its nature. His was a long, tortuous, twisted, structure, difficult to pass in consequence of these very characters. It was admirably suited for the flexible catheter ; not at all suited for the metallic unresisting instrument, which would doubtless have caused pain, and possibly, unless carefully used, might have done some mischief. I accordingly used upon this man the flexible catheter, beginning with the smallest size, number one English.

And this leads me to speak of the quality of flexible catheters. Always buy the best ; they cost something at first, but they do their work ; inferior catheters do not. The English catheters are now-a-days admirably made, and they are a good deal stiffer than the French, and are well suited for structure. See how I use one on this patient ; he has already dilated his stricture up to 8 or 9, and I take catheter No. 9 English. I withdraw the wire, for I scarcely ever use them with the wire in position. I then straighten the catheter, and dip the point of the instrument in hot water, which softens it, and makes it somewhat more flexible. Then oiling it well, I place the patient in the recumbent posture, and run the instrument easily down the urethra. It is now in the narrowed part, and I feel the grasp of the stricture as the softened beak passes on. The stricture is now passed, the instrument is in the bladder, and the water flows. It is for this reason that I prefer the catheter to the bougie. The flow of the urine is most reassuring. Such is this man's treatment. He has learned to conduct it himself day by day. He is now up to number 9 ; in a week he will reach number 12, when I shall provide him with a catheter, and have him discharged.

The other patient has a stricture of a different type. His is annular, and short, a mere ring. At the beginning of the treatment, however, it was very tight and irritable. It, too, was first essayed with the whalebone, and it has since been gradually dilated with the flexible English catheter. As far as the anatomy of this stricture is concerned, it was admirably suited for the metalic instrument, but the irritability was so great, and the tendency to urethral fever so marked, that I was oblige to proceed very cautiously, and use the conical soft French instrument I show you here, which is even less irritating than its English sister. The urethral irritability in this case has, however, disappeared ; the man can readily pass number 8 or 9, and I am now beginning to use the metallic catheter, which I am quite sure will soon overcome the obstruction, and insure a speedy cure.

But, gentlemen, there is one matter with regard to stricture which you must always bear in mind, to wit : That it is very doubtful if any stricture is ever really cured. It may be dilated, it may be kept in abeyance, and give no judicious instrumentation ; but I very seriously doubt whether any organic stricture is ever really, absolutely cured, beyond all peradventure. I always give my patient some sort of instrument of proper size, and this I direct him religiously to insert from time to time, once a week, or once in ten days, as the case may be. I tell him, too, that should he neglect this precaution, he exposes himself to a return of his

trouble. How long this aptitude to return may last I cannot tell. I have seen an old stricture start into new life like an old volcano, after twenty years' quiescence, and again show signs of savage power.—*Med. and Surg. Reporter.*

A HINT IN GIVING IODIDE OF POTASSIUM.

A useful hint is revived in the *British Medical Journal*, by Mr. Jos. P. McSweeny. He writes :

Sir James Paget was the first to call the attention of the medical profession to the following interesting fact, viz., that carbonate of ammonia greatly increases the therapeutic action of iodide of potassium. I have had extensive experience in the treatment of syphilis, and have tried it with the best results, and find that five grains of iodide of potassium, combined with three grains of carbonate of ammonia, are equal to eight grains of the potassium salt administered in the ordinary way. The following case is a good example.

John——, aged 50, consulted me about a sore situated on his left arm. There was a profuse discharge from it, and the smell was intolerable. On asking him a few questions, I got the following history. He had been a married man, his wife having died a short time ago ; he had no children. Some years ago he contracted syphilis, and was treated by mercury, pushed to excessive salivation. The secondary symptoms had been well marked, and the sore about which he consulted me was of eight months' standing. He consulted several surgeons, and could get no relief. I ordered him five-grain doses of iodide of potassium, combined with three grains of carbonate of ammonia. After taking a few tablespoonfuls of the bottle, the bad smell altogether disappeared, as a man told me who was sleeping in the same room ; at first he could not bear the smell, but after taking a few tablespoonfuls of the bottle he could detect no smell. The man remained under my care for about a month, and in that short time was perfectly cured, and in very good health and spirits. I could publish five cases with almost similar results. I have also found it of the greatest service in the treatment of internal aneurism, by relieving the pain and helping to consolidate the tumor. (*Med. and Surgical Reporter.*)

TURPENTINE IN PYÆMIA ; RECOVERY.

The patient was a workman on the Great Eastern Railway, who sustained a severe laceration with fracture of two metacarpal bones, from the passage of a truck-wheel over his hand. A few days after the necessary operation, in which an effort was made to save some of his fingers, gangrene set in, and a secondary operation was performed above the wrist. This was shortly followed by rigors, profuse sweats, sleeplessness, low delirium, subsultus, and stupor, the wound becoming sloughy and offensive. In spite of free stimulation the man was evidently rapidly sinking under the fatal disease—pyæmia. As a *dernier resort*, half-drachm doses of turpentine were administered in egg emulsion every four hours. After the third dose it was discontinued, as a remarkable improvement had taken place : the pulse and the temperature had fallen, the consciousness returned, and the patient took liberally of brandy and beef-tea. The favourable change was, however, of brief duration, as the day following all the asthenic symptoms reappeared, and the patient relapsed into a comatose condition. The tupentine was again had recourse to in the same doses, and with the same happy effect ; but this time the improvement was permanent. All other danger passed by, and the patient made an excellent recovery.

During the height of the attack the sound arm became much swollen and suspicious-looking of purulent mischief. This subsided from the commencement of the turpentine treatment. No abscess formed. Under carbolic-oil dressings the wound granulated rapidly, and the man was soon able to be out.

That the antiseptic and stimulating effect of the turpentine was the means of rescuing this patient from a fatal disease seemed so apparent that it is worthy of more extensive trial in hospitals, where pyæmia so often adds to the mortality after operation.—*Lancet.*

MEDICAL WITNESSES' FEES.

An occurrence at a recent Petty Sessions at Ilford illustrates the ignorance of both magistrates and medical men respecting the fees due to medical witnesses. In a case of attempted suicide the surgeon who had treated the prisoner, when called upon to give evidence, asked the bench for his fee before he was sworn. The chairman said the bench had no fund wherefrom to give it to him, but he could not be compelled to give evidence without it. The only thing the bench could do was to grant him a certificate to give to the Commissioners of Police, and he could stand his chance, if he liked, of getting his expenses from them. Naturally enough, the surgeon declined this offer, and his evidence was not taken.

We believe the magistrate was altogether wrong in his statement. Under a regulation of the Home Secretary every medical witness before a magistrate is entitled to a sum not exceeding 10*s.* 6*d.*, if residing in the city, borough or parish where the examination takes place, or within two miles of it ; or if beyond that distance, to a fee not exceeding £1 1*s.*

This fee would have been paid as a matter of course by the police authorities on the magistrates certificate, or if there were any difficulty, an appeal might be made successfully to the Home Secretary. The surgeon was wise, no doubt, to make his appeal before being sworn, and in a civil action might decline to give evidence without previous remuneration; but we doubt the legality of his refusal in a criminal case.—*Lancet.*

SPINA BIFIDA CURED BY INJECTION.

E. G., aged three years, as she was brought to me in April last, with a spina bifida tumour, which, wholly covered by true skin, stood out with a prominence of nearly four inches, and measured thirteen and a half in circumference. It was very sensitive to the touch, became tense when the child cried, and palpation discovered a perfectly fluid condition of its contents. It was slightly pendulous when the child was erect, and gave her a ludicrous, although at present rather fashionable, appearance when dressed—the projection at her age being unlooked for.

Her mother stated that it was like a walnut at birth, and had increased gradually; that she walked at two years; was now active, although not firm on her legs, and asily knocked over; that she enjoyed excellent health, but was constantly annoyed by escapes from the bladder and rectum; but that she had always been advised to let it alone.

The treatment of this—my second successful case—was by the same method as that described in the *Journal* of the 26th April last; viz., by injection of Dr. James Morton's solution of iodine and iodide of potassium in glycerine; and was briefly this· Two tentative tappings with a medium cannula, of respectively twelve and ten ounces of clear fluid, were made, with an interval of eight days, both being followed by an irritable and feverish condition of the child, and gradual refilling of lhe tumour to its original size. Ten days afterwards, other ten fluid-ounces were removed, and half a drachm of the solution injected. The opening was instantly closed on each occasion by a layer of lint soaked with flexile collodion. This last operation in a few days made the tumour tender, and caused the child to be feverish, restless, and extremely excitable, with decrease of appetite, milk and soups alone being taken. Ten days after this first injection, the tumour was very slightly less, and eight ounces were then removed, followed by injection of a similar quantity of the solution. This gave rise to even more severe irritative symptoms of the nature described; but a fortnight later showed the tumour only one-third of its original size, although still sensitive and painful when interfered with. At that time, about five ounces were removed, followed by a third injection of half a drachm; this caused cessation of any further formation of fluid, and a gradual absorption began, which, at the end of twelve weeks from the first interference, presented the appearance of a roughened, darkened, hardened, and thickened condition of skin, quite normally sensitive to the prick of a needle, replacing the tumour and closing the spinal aperture with an apparently gelatinous mass.

The treatment extended over nearly seven weeks, and the meatured fluid removed amounted to forty-six ounces—a larger quantity, to my knowledge, than from any previously successful case. Half a drachm of the solution was deemed sufficient for each injection, owing to the large extent of sensitive surface to be dealt with; and the irritative symptoms developing therefrom quite justified the precaution taken.

This, my second case, with Dr. Morton's, make four successes, all that have been so treated; and, without appearing too confident of further success, the result is very hopeful and gratifying to the introducer of this method of treatment.

The patient is now very active on her feet (amusing herself, and standing as much consequent fatigue daily as her healthy companions), growing rapidly, and the sphincters are now almost wholly under control; cold sea-water being perserved with. —*Brit. Med. Journal.*

Medical Items and News.

Sir Henry Thompson declined to come forward as a candidate for the representation of the University of London in Parliament.

The sad news of the death of Dr. Livingstone from dysentery seems to be confirmed beyond a doubt.

The New York Laryngological Society has elected Dr. Morell Mackenzie as one of its honorary members.

Dr. Robert Barnes has been elected one of the twelve honorary members of the Obstetrical Society of Philadelphia.

It is officially announced that His Royal Highness the Duke of Edinburgh has been pleased to make the following appointment in his household: Dr. Wilson Fox to be physician in ordinary to their Royal Highnesses the Duke and Duchess of Edinburgh.

A Remedy for Chilblains.—One ounce of tannic acid is to be disolved in about a pint of water, and four scruples of iodine in a sufficiency

of concentrated alcohol. The two solutions are then mixed together, and enough water is added to make up two pints of fluid. The best time for using the remedy is on going to bed. The solution is placed on a slow fire in an earthen or china vessel; the part affected with chilblains is then introduced into the fluid, and it is to be kept there until the liquid becomes too hot to be borne. The part is then to be withdrawn, and to be dried by being kept near the fire. When the chilblains are ulcerated it is best to diminish the quantity of iodine.—*Répertoire de Pharmacie.*

"School House Ventilation,"—In my estimation, no ventilation is good which requires the opening of doors and windows at any time. Window ventilation is often used in warm weather, but I consider it undesirable, because it admits insects, dust, and hot air; *i. e.*, air hotter than might be secured by properly arranged air-ducts, which may be so contrived as to introduce comparatively cool air. But window ventilation certainly should never be used in cold whether, while the scholars are not taking active exercise. It is never necessary in good ventilation.

Ventilation should, as far as possible, be automatic, and should be beyond the control of every one except the person who has it in charge. This self-acting ventilation may best be secured by combining the ventilating system with the warming apparatus, so that the active condition of the warming apparatus shall necessitate an active ventilation; because we are much more sensitive to a change of temperature than we are to the stupefying influence of foul air.—R. C. Kedzie, M.D., *The Sanitarian for February.*

How to Check Scarlet Fever.—"Stamping out" is the new and significant process for the arrest of many diseases, and in none can it be more effectually employed than scarlet fever. This should of course, include isolation. All cases should be promptly reported to the health authorities, under heavy penalties for neglect, and all occuring among persons unable to afford seclusion, should be taken care of at public expense in appropriate hospitals, at safe distances from populous neighborhoods. And the rich should be compelled to provide seclusion in isolated rooms for cases occurring among them, or else relinquish the care of them to the health authorities, and be subject to the necessary costs. All clothes used by the patients should be disinfected or destroyed. Water closets, cesspools, and drains attached to the hospitals and dwellings of the sick, should be thoroughly disinfected.—Dr. John Morris, *The Sanitarian for February.*

Tincture of Digitalis and Chloral Hydrate in Delirium Tremens.—Dr. E. Chenery (*Boston Medical and Surgical Journal*, October 16, 1873) records the case of a Scotchman, aged 35, who, when first seen, had neither taken food nor slept for nearly a week, during which time he had been on a continuous debauch. His mind was greatly agitated, his muscular system in a state of unrest, and his pulse feeble and frequent. A strong mustard plaster was applied to the pit of his stomach; fifteen grains of chloral were given; and, in twenty minutes, twenty drops of tincture of digitalis. These were retained; and, in ten minutes, thirty grains of chloral were administered, and were followed by three hours of refreshing sleep. A raw egg and some milk were then given, with another portion of digitalis, and in a short time thirty grains more of chloral. This time he passed off into a sleep of many hours, from which he awoke much relieved. Small doses of digitalis were continued for several days, partly to reduce the pulse, but principally for the sake of the eliminative action of the kidneys.—*British Medical Journal.*

Traumatic Tetanus successfully Treated with Calabar Bean.—Dr. J. Duncan, (*Chicago Medical Journal*, November 1873) used Calabar bean in a severe case of traumatic tetanus, after large doses of opium, chloral, ether, belladonna, and bromide of potassium, had been given without benefit. A tincture of the bean was used, containing one grain of the powdered drug to four minims of the menstruum. Fourteen drops were given at once, and subsequently nine drops every two hours. In four hours, a troublesome spasmodic contraction of the neck of the bladder was overcome, a quart of urine was passed voluntarily, and the pulse fell from 104 to 80. The patient's general condition, however, remained about the same. The remedy was continued in doses of eight drops every three hours for fifteen days, when, as there was not much change for the better, fifteen drops were given every three hours for the entire day. The following day—the twentieth of the disease—the patient was able to leave his bed, ate with great appetite, and from that time progressed steadily to complete recovery.—*Ibid.*

Messrs. Field & Co., of London, have introduced, for medical purposes, candles medicated with the balsams of which the vapour is most often beneficially inhaled by persons suffering from bronchial irritation and spasmodic asthma. Among these are benzoin, storax, etc. The candles give out while burning aromatic fumes in abundance. Among the various modes of diffusing balsamic vapours in the air inspired by patients with various affections of the breathing, this novel method is one of the most ingenious yet proposed. It is clean, effective, and free from all trouble. It deserves, and no doubt will receive, trial by medical men.

THE CANADA LANCET:

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☞ *Communications solicited on all Medical and Scientific subjects, and also Reports of Cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet," Toronto.*

AGENTS.—DAWSON BROS., Montreal; J. & A. MCMILLAN, St. Johns N.B.; J. M. BALDWIN, 805 Broadway, New York, and BALLIERE TINDALL & COX, 20 King William street, Strand, London, England.

TORONTO, MARCH 2, 1874.

MEDICAL BILL.

"This measure is intended to give to a certain sect, or perhaps it will be more correct to say, a clique representing a sect of medical professors, a legal endorsation of infallibility. The Medical Council is to decide what is Medical truth. The Medical Council is to decide how truth shall be taught." *Globe*, Feby. 19th.

A consummate politician once observed that if there were no such thing as honesty it ought to be invented, so true is it that honesty, in the long run, is the best policy. "There be, says Lord Bacon that can pack the cards and yet cannot play well; so that there are some that are good in canvasses and factions that are otherwise weak men." One of the shops of these haberdashers of small wares, as the same eminent person calls the folk we are talking of, it is our business now to set forth.

We cannot imagine that the Editor of the *Globe* had never heard of the exact position of the profession at the time when the compromise was made some four years ago, viz., the existence of a number of medical corporations, in the annual graduates and licentiates of which there was too frequently evidence of a desire to accummulate the *concrete* in the exchequers of the several treasurers, rather than to afford proof of due heed having been given to the careful education, theoretical and practical, of the young men thus armed with licenses to kill or cure, as the case might be.

So far from the Medical Council attempting, as above alleged, to formulate what they conceived to be medical truth, or to decide how truth should be taught, their President, Dr. Clarke, repeatedly urged on Dr. Campbell the establishment of a Homœopathic School of Medicine in Toronto, and thereby remove the only ground of grievance, for their students, then complained of, viz., the necessity of spending two years in the Ontario schools after they had completed the curriculum of the Homœopathic Colleges in the United States. This, by a majority of the Council, was held to be a fair matter for complaint, and at an extra session the compulsory attendance was reduced to one session. How does the allegation (in another portion of the *Globe* editorial quoted from) that a determination, on the part of the Council, to absorb the smaller portion of the Homœopathic element into the general body square, with this fact?

Again the Editor says, "Is it, however, in the interests of the public, not of a class that we have to approach this subject." Is it not clearly the interest of the public that the standard of medical qualification should be high with reference to preliminary education as well as to medical? The necessity of a liberal education to the practitioner of medicine ought, especially, to be advocated at the present moment, when the state of the profession has become such as to have attracted from the Legislature a degree of attention, which, if earlier bestowed, would have saved us from the unenviable distinction of demonstrating how far a noble calling might be debased, and from the questionable remedy openly advocated by many prominent members, free trade.

What guarantee does Dr. Campbell's bill afford for the universal diffusion of a liberal education among the future Homœopathic practitioners in the modest propositions, that the examinations shall be held with closed doors, and the period for matriculation examination unfixed?

If it be granted that a reasonable degree of scholarship and of scientific attainment, such as any young man of moderate abilities and application may easily acquire and every one must master, to render him a worthy member of so high a profession is essential for fitting the mind for a study so extensive and arduous as medicine, then it follows as a necessary sequence that the matriculation examination should be held as the first step in the programme of medical education. The Medical Council have wisely so ordered it, and we can scarcely view the omission in Dr. C's Bill of the period at which it is to take place, as other than a

determination to open out a royal road to future aspirants of his branch of the healing art.

One more quotation from the editorial in which the *petitio principii* spirit is displayed from beginning to end, "given to any one school of ideas special sanction and protection, and you help to crush out independent ideas and discourage independant research."

The subjects rendered imperative by the Council were those only on which all medical knowledge is based, viz., Anatomy, Physiology, Botany, Chemistry, Toxicology, Medical Jurisprudence, Operative Surgery, Operative Midwifery and Diagnosis.

A student having passed on these keystone branches had only to proclaim himself as an intending Eclectic or Homœopathic practitioner, to occasion his transfer to the gentlemen appointed to conduct the examination in the theory and practice of these two schools. If none of the candidates cared to avail themselves of this privilege, we fail to see how the Council are to be credited with a desire *to crush ont independent ideas* and *discourage independant research.*

In the acts of the Council there is abundant evidence of a determination to enforce on all future practitioners a competent knowledge of all subjects essential, for the safety of the lives of Her Majesty's lieges that might hereafter be dependent on their judgment and skill, but of medical dogma, not a scintilla.

It may, perhaps, be argued by some that extent of knowledge is not always commensurate with the time consumed in its acquisition, that one man may learn more in two years than another in ten, and that we have no right to inquire where a man got his knowledge, nor how long he was in acquiring it. To act safely for the public on this belief it would be necessary to change the entire character of the examinations, and we are inclined to believe that the change would be a decided improvement on the present system, *e. g.* The examinations in Anatomy and Operative Surgery should be conducted in the dissecting room. In Chemistry in the laboratory. In practice at the bed-side in a Hospital. In Midwifery in the maternity wards, in fact the whole character of the examination eminently practical.

The Editor of the *Globe* may probably conceive that on this subject, Thor's hammer in their hands has been wielded with a tremendous urbanity, and that obnoxious individuals have been gelatinized with the strictest regard to good breeding, but to our mind the views of Crabbe of newspaper writers are germain to the article in question.

> "Their careless authors only strive to join
> As many words as make an even line,
> As many lines as fill a row complete,
> As many rows as furnish up a sheet!"

The medical profession seek no legal endorsation of infallibility, their motto has ever been "Life is short, Art long, Experience deceptive, Judgment difficult." We are on the contrary frequently taunted by sceptics in medicine of the uncertainty of our science, but we may fairly submit that as much uncertainty and want of uniformity of opinion is apparent in Theology and Law. In evidence of the first it is only necessary to advert to the differences of opinion manifested in the so-called infallible Catholic Church by Dupanloup, Dollinger and Strossmeyer at the comparatively recent Œcumenical Council; of the second the daily reports in newspapers of appeals from one Law Court to another, and occasionally from the Court of Appeals to the House of Lords, sufficiently demonstrate that Law is far from being the perfection of human reason. The *Globe* as yet in its virtuous indignation anent monopoly and exclusive privileges has not considered it expedient to preach a crusade against the Benchers of Osgoode Hall; the moment, however, that the Medical Council apply to the Legislature for an amended Act to enable them, by a fractional contribution annually from the profession, to provide themselves with a local habitation, as well as name all the vials of their indignation are poured out on poor Pillgarlic's head, and he is branded with refusing the right to live to any practitioner who does not submit to his terms, and seeking the power to prosecute all medical unbelievers.

Dr. Campbell's Bill would not appear to have given general satisfaction to the Homœopathists as is evidenced by a letter from Dr. Clarence T. Campbell, of Stratford, in the *Globe* issue of January 31st. We quote the following paragraphs: "Though a period of six months elapsed between the appointment of the Committee and the meeting of Parliament, we received no intimation of the peculiar provisions of the Bill until a few days since, after it was

printed, and when it had become too late to make any important alterations in its character." Again, "it is a cumbrous and unwieldy piece of machinery, calculated only to involve the profession in unnecessary expenses, while conferring exclusive and extravagant powers upon the Council for which it provides, and more particularly for the President. The Bill is certainly, in my opinion, more fitted to create and perpetuate a 'one man power,' than to be of lasting benefit either to the profession or the public." From the opinion thus expressed by Dr. Clarence T. Campbell, of his namesake—the framer of the Bill—it would appear that, like one of the characters in Moliére's play, "Les Fourberies de Scapin," he was disposed to exclaim,—

"Que diable alloit il faire dans cette galere."

THE MEDICAL ASPECTS OF FEMALE EDUCATION.

A little more than a year ago, Dr. Edward H. Clarke, lately Professor of Materia Medica in Harvard College, delivered a lecture before the New England Women's Club, in Boston; and now we find this lecture reproduced and enlarged in the form of a book published under the title of "Sex in Education." For a very instructive review of this little work we refer the reader to the *American Journal of the Medical Sciences* for January, 1874. Additional facts are therein stated, which, with the author's, deserve to be well pondered by all interested in the education of girls, and the cultivation of the female intellect. In some part, we believe, the errors perpetrated in the United States are practised through like ignorance in the higher schools of this country; and it will be well, therefore, to rouse the attention of thoughtful and observant medical practitioners in Canada to this important subject.

In this work Dr. Clarke shows that the educational methods of the day as practised in American schools and seminaries, completely ignore the teachings of physiology. He maintains that it is a great mistake to employ for girls the identical methods, used for, and perhaps well adapted to, boys. It is ignored that during her school days the girl is passing through the most critical change in her life, and that, in developing womanhood and establishing a new function, the vital powers are severely taxed. And yet, though for a time during each month, the school girl experiences a great and unaccustomed drain upon her vitality, this drain has not been allowed to lighten her tasks a particle. In the schools, seminaries and colleges for girls in the United States no heed whatever seems to be paid to the physiological laws which pertain to sex. No account is taken of those periods when nature needs all the available power for the performance of a new and arduous function. Day after day the pupil must work with her brain, and stand and walk and exercise, just as if periodicity had no place in her system. Instead of resting both body and mind for a few days, she is expending the nerve-force which should give tone to the uterus, and exhausting menorrhagia occurs, which, of course, in turn places the system in a still worse position for the next period. The system of keen competition among the scholars permits of no provision for periodical rest. Any lost time must be made up, lest the pupil should fall behind hand and so be disgraced and humiliated. This terrible routine may go on till the health is completely broken down, and prostration compel removal from school. Other disturbances of the uterine functions as amenorrhœa, and incomplete or non-development of the reproductive organs take place as a consequence of mental overstrain during early menstruation. The tendency toward sterility, so marked among American woman, is attributed by Dr. Clarke to a diversion of the vital forces from the reproductive system to the brain.

To remedy these defective methods in female education, Dr. Clarke advises as a first duty to modify the order of study, discipline, diet and exercises in schools and colleges, so as to make them conform to physiological requirements. The boy's school ought not to be made a model for the girl's. Judicious experiment is required, founded on the observation of physiological laws. Four or five hours daily, he thinks, it may be assumed, is as much study as should be required of a girl from fourteen to eighteen years old. Absolute rest, or diminished labour should be enforced every month. The competitive system should be so far relaxed for girls, that the periodical remissions should not be allowed to involve loss of standing.

Pursuing his inquiries abroad, in the view that the almost uniform vigour of foreign and the

equally uniform debility of American women of culture, lies in the observance or neglect of natural laws. Dr. Clarke ascertained that much greater attention is paid by the aristocratic classes of Great Britain and Germany. In Germany three important points in the education of girls are diligently attended to. First, as a rule, girls are removed from school at the appearance of the catamenia, and thenceforward instructed at home and by private tutors. Second, by immemorial tradition among mothers, the closest supervision is exercised during the menstrual flow. The girl is watched and guarded, obliged to refrain from study, from late hours, excitement, and all but the gentlest exercise; and if delicate, is kept in bed three days. Third, school girls are never allowed to go to parties.

The physiological truths at the bottom of the admirable German system of management of school girls require to be brought to the notice of parents and the managers of high-class female seminaries and colleges in Canada. This duty devolves mostly on the medical practitioner, to whom no indelicacy will be attributed should he refer to it. We, therefore, ask our friends to give thought to the subjects treated of in the work which has served as the occasion of this article.

CONGENIAL WORK.

In the December number of the *Can. Med. and Sur. Journal*—(a copy of which we have received through a friend, the Editor not having the manliness to send us his reply)—the editor again returns to his congenial work of dirt throwing and slander. In his reply he makes the remarkable statement that the July No. of the *Canada Medical and Surgical Journal* was mailed on the *8th day of July*, (precisely?) the hour is not mentioned. We confess to a good deal of surprise at the boldness of our cotemporary, for his readers must know that such a statement if intended to convey the idea that his journal is issued so early in the month is not warranted by the facts. If the *Canada Medical and Surgical Journal* is mailed with such promptness and regularity there must be something radically wrong with the postal arrangements not only in Montreal and Toronto but throughout the whole Dominion,—for some of the subscribers to that *Journal* have informed us that it is no uncommon thing for them to receive it one and sometimes two months after its apparent publication. To show this more forcibly we need only say that the reply of our cotemporary to the article in our December issue will be found in the December number of that journal.

The editor has backed down somewhat; he now says *one* of these articles was from the *type* of the *Canada Medical and Surgical Journal*. How should we know that? What is there peculiar about the type of that journal which distinguishes it from all other type of the same kind? If it was desired to have this article go forth as a reprint from the *Canada Medical and Surgical Journal*, as is alleged, why not announce it on the title page, as all journalists do? and then there could be no mistake about it.

PERNIO TREATED BY ELECTRICITY.

Dr. Alonzo L. Leach describes, in the *Philadelphia Medical Times*, his method of treating chilblain by electricity. He considers that we have, as the result of frost-bite, a partial or complete paralysis of the vessels as well as a nervous element, evinced by the pain and the intolerable itching. Electricity tends to give tone to the parts and restore them to their normal condition. This is the result sought for in all applications, but they only do so temporarily in a majority of cases. The cause re-appearing, the pathological condition still remaining, we have a return of all the symptoms. The secondary or induced current applied for a period of time every day, or at longer intervals, will place the parts in a healthy condition and effect a permanent cure.

As chilblain is just now a complaint of the season, it may be well to append another method of treatment, which is that adopted by the writer. The foot is first soaked in a bath as hot as can be borne, for fully fifteen or twenty minutes. The effect of this is to alleviate the pain and itching of the subacutely inflamed subcutaneous tissue; and afterwards the part is painted with tincture of iodine for a few times. The result rarely disappoints one. Dr. Balfour, of the Chelsea Royal Military Asylum, recommends the application of iodide of ammonium, pre-

pared by mixing equal parts of the liquor iod. comp. and aqua ammonia. Dr. Leach, above quoted, says of this, that he finds it ordinarily most marked in its action.

AMENDMENTS TO THE MEDICAL BILL.

The amendments to the Ontario Medical Act have passed through the committee of the House, and will soon come up for a third reading. Some slight changes and amendments have been made, one especially, which removes the only ground of objection that the Homœopathists could raise successfully to the present arrangement. It is as follows:—

That until a Homœopathic Medical School shall have been established in Ontario, candidates wishing to be registered as Homœopathists, shall pass the matriculation examination established by this Act, as the preliminary examination for all students in medicine, and shall present evidence of having spent the full period of study required by the curriculum of the Council, under the supervision of a duly registered Homœopathic practitioner; provided that, for a period of four years from the passing of this Act, such Homœopathic students may pass their matriculation examination at any time prior to the passing of their professional examination.

Such candidates must also have complied with the full curriculum of studies, prescribed from time to time by the Council for all medical students, but the full time of attendance upon lectures and hospitals required by the curriculum of the Council may be spent in such Homœopathic Medical Colleges in the United States or Europe as shall be recognized by a majority of the Homœopathic members of the Council, provided that in all Homœopathic Colleges, where the winter course of lectures is of only four months duration, that certified tickets of attendance on one such course shall be held to be equivalent to two-thirds of one six months course, as required by the Council.

This arrangement secures a thorough preliminary examination for all, and so extends the course of study to be pursued by Homœopathic students that they will be thoroughly educated, and can have no fear of passing the examination of the Central Board on subjects common to all, no matter who the examiners may be.

We trust that our friends in the country will write to their representatives in the House and urge them to support the present Bill, and also caution them against supporting any measure, no matter by whom introduced, tending to subvert the great principle of a CENTRAL EXAMING BOARD.

ALEPPO BUTTON.—Dr. Nortabet, in the *Medical Times and Gazette* of Jany., 1874, describes a disease which is common in the East, especially near the rivers Tigris and Euphrates, and which is called "Aleppo Button or Aleppo Evil," from Aleppo, the name of the place where it was first observed. It most commonly appears on the face, appearing in the form of a hard red papular elevation of the size of a pea. In a few weeks the sore breaks and forms a scab, which is hard, thick and closely attached to the skin beneath. It sometimes spreads from a quarter of an inch to two or three inches in diameter, and is generally circular or oval in shape. It generally remains stationary for several months and then begins gradually to get well, occupying about a year in its course, hence it is sometimes called the *year pimple.* It is not contagious, and it is believed by the natives to be due to drinking the waters of these rivers and their tributaries. It leaves behind it an unsightly scar, which remains through life. It sometimes assumes a malignant form, and by spreading and destroying soft structures as the nose, lips, &c., causes much disfigurement. It is very intractable to local and constitutional remedies and is generally allowed to run its course. Cod Liver Oil internally, and the solid nitrate of silver and acetic acid externally, have been found useful.

A NATIONAL MEDICAL LIBRARY.—The United States Government, by authority of Congress, appropriates annually the sum of five thousand dollars for the purchase of medical books and periodicals for the Army Medical Library, and a further sum of five thousand dollars for the Army Medical Museum. The effect of this care in collecting medical literature and pathological material will be to make Washington the centre for the highest medical culture on this continent. At present, we believe, the collection of medical periodicals at Washington is altogether unequalled by

any similar collection at home or abroad. Certainly, there is at Washington a better and more complete set of Canadian medical periodicals (both extinct and extant) than is to be found in the Library of the Parliament of Canada. So that in after times, when some Canadian writer may wish to undertake the preparation of a history of the medical literature of his native country he will find the most abundant materials, not in his own land, but in the capital of a neighbouring nation. Our rulers should be stimulated by the practice of the American Government, we think, to pay more attention than they give, to the encouragement of Canadian medical literature.

Honors to Canadians.—Henry Howitt, Esq., M. D., of Trinity College Medical School, passed the required examinations for the Diploma, on the 22nd of Jany., and was duly admitted member of the Royal College of Surgeons, England. Of 96 candidates who presented themselves at this examination 26 failed to satisfy the court of examiners, or in other words were "plucked."

"Rankin's Abstract" Discontinued.—The half-yearly abstract of the medical sciences, known as "*Rankin's Abstract*," and which has been published in London for the last twenty-nine years, and re-published by H. C. Lea, of Philadelphia, has been discontinued. The No. for January, 1874, is its last issue. We deeply regret the loss of our old acquaintance. The need for such periodicals is not now so great, however, as in former years.

Toronto General Hospital Reports.

EPILEPSY FOLLOWING AN INJURY OF THE BRAIN, CURED BY TREPHINING.

under the care of Dr. Hodder.

Reported by Mr. B. Nevitt.

Henry Cross, Aged 18, admitted Nov. 24th, 1871, states that six years ago next January, he received a kick from a horse on the right side of the head, near the anterior inferior angle of the parietal bone. He was quite insensible at the time of the accident, and continued so for nearly a week. A small wound existed through which the medical man removed several small portions of bone, and afterwards elevated some depressed bone. There was hernia cerebri about four weeks after the accident, which retarded his recovery. There was paralysis of the left arm for a fortnight, after which it gradually got better, still remaining weaker than the other.

He gradually regained his strength, but has not been able to study much, and feels giddy if he bends forwards. Four years after the accident he was seized with fits of an epileptic character, which were always preceded by the aura epileptica creeping up the left arm. The fits come on often when asleep and are not of a violent character, when he awakes from them he is aware of having had them, altho' quite insensible at the time. He generally has two fits within a few days of one another, then they remain absent for weeks or months and again recur. Since April last he has had about ten fits. He is now unable to study, but he can work on the farm without inconvenience, provided he keeps his head up and does not stoop forward. His general health is good, appetite, bowels, &c., natural. There is a want of power generally on the left side, his left leg getting tired more quickly than his right, his left arm is weaker in proportion than his leg, and the muscles of the face show it still more clearly. The tongue cannot be pushed as much to the left side as to the right.

The depression is great, being about $2\frac{1}{2}$ inches long by an inch wide. At its anterior part there appears to be a deeper cavity from which the pieces of bone were removed; he complains of pain and soreness on making firm pressure all round the margin, and says he can feel the pulsation of the brain, although not apparent to others. The hair was to be shaved off, and a consultation called for Tuesday next at one o'clock.

Nov. 28th.—At the consultation held this day, present Drs. Bethune, Richardson, Geikie and Hodder, an operation was decided upon, but as there were some cases of erysipelas in the Hospital, the lad was told that he had better return home for a while.

March 26th, 1872.—Re-admitted on usual terms. Erysipelas has again made its appearance, so that the operation must be postponed.

April 6th.—No fresh cases of erysipelas admitted, and all those in the Hospital doing well. The lad is to be transferred to Widmer Ward at once, and

not be allowed to enter either of the wards where erysipelas exists. To have

Pil. Aperiens ij. at bed time, and

Haust. Domestic ℥iss. in the morning.

18th.—The operation of trephining was performed to-day, and two portions of depressed bone removed—one portion pressing deeply upon the brain, and upon its removal showed the dura mater pulsating. A fragment of bone, half the size of a hazel nut, pressed down upon the brain opposite the middle meningeal artery and was firmly adherent. On elevating it the artery or a branch was wounded and bled freely, but ceased without requiring anything more than the cold sponge. The dura mater and brain itself retained the impress of the depressed bone, and continued to do so till the wound was closed. The operation consisted of an incision of about two inches in extent along the lower edge of the former wound, and about an inch above the ear, another incision one-and-a-half inches penpendicular to this about its centre, and the angles reflected, when a portion of the temporal bone was exposed and the small trephine used to remove a portion. After removing the depressed portions of bone, the rough edges and angles were cut off by bone nippers, and the wound brought together by three wire sutures, and cold water dressings applied.

19th.—He passed a quiet and comfortable night; feels well, but complains of pain in the wound and there is weakness in the left arm; pupils alike; skin warm; pulse frequent and firm, but not hard, 120; tongue coated; has had one slight passage, and his urine is passed freely.

℞—Tr. Verat. Viridi	M. xv.
Tr. Aconite	M. vi.
Aqua ad.	℥iij.—M.

One tablespoonful to be taken every two or three hours.—Mist. Aperiens ℥iss. cras mane.

20th.—Continues in a comfortable condition; slept quietly the greater part of the night; pulse down to 90 in the morning, but rose to 110 shortly afterwards; skin comfortable; tongue white and coated; less pain; numbness of left arm diminished, and pain in head less; bowels have not acted. Repeat aperient mixture; the verat. viride to be continued if required.

21st.—Bowels acted four times through the night which was the only cause for not sleeping soundly; he is better in every respect; tongue cleaning at edges; pulse 80, soft; pain in head nearly gone; mind clear; pupils acting alike; omit medicines; beef tea and gruel when desired.

22nd.—Doing well in every respect; pulse 84, full soft; pain in head gone; tongue cleaning; numbness of arm also gone. A discharge of thin serum or lymphy looking fluid came from the perpendicular incision last evening and to-day; the rest of the wound quite united. Mist. Aperiens, ℥iss. cras mane.

24th.—He feels better than he has done for a long time; all pain and uneasiness disappeared; pulse, tongue, bowels, &c., in a normal state. Continue.

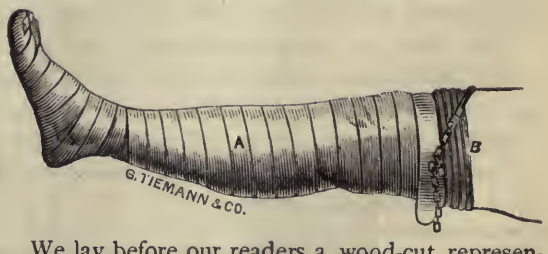
26th.—Not a bad symptom; neither ache nor pain; tongue clean; appetite good; wants more food; pulse 80, soft and regular; bowels moved twice daily; sleeps well at night; the discharge less and healthy in appearance. To have one-half (½) pint beef tea extra.

29th.—Continue as before; wound nearly closed. He states that he had a slight fit on Friday night, the 26th or 27th. No one, however, saw it, neither has he shown any signs of it in any way whatever.

31st.—He improved in every respect and left the Hospital on the 21st inst, with the wound healed and quite well. In a letter received from his father fifteen months after the operation, he says "you will be pleased to hear that Henry has entirely recovered, he is able to work on the farm as well as ever, can study without inconvenience, and has had no return of the fits since the operation."

New Instruments.

ESMARCH'S TOURNIQUET.



We lay before our readers a wood-cut representation of the appliance used by Professor Esmarch to control hæmorrhage during surgical operations. It consists of an elastic rubber bandage which is applied to the limb as showu in the cut, and also a

rubber cord or tubing, having a hook attached to one extremity, and a few links of chain to the other. It is applied as follows :

While the anæsthetic is being administered, the lower portion of the limb is enveloped in oil silk, to prevent soiling the bandage ; then the leg is bandaged tightly from the toes to above the knees with the elastic rubber bandage *(A)*, which, by gradual compression, forces the blood out of the vessels of the limb. Immediately above the knee, where the bandage terminates, the rubber cord or tubing *(B)* is wound four or five times around the thigh, the one extremity being joined by means of the attached hook to the chain at the other end. The rubber tubing or cord compresses all the soft parts, including the arteries, in such a manner that not a drop of blood can enter the bandaged portion of the limb.

The elastic bandage and the oil silk are now removed, and the leg, below the tourniquet, presents the appearance of a limb of a corpse, the pallor of the same forming a remarkable contrast to the rosy hue of the skin above, and the operation is conducted *as though on a cadaver.*

After the operation, the rubber cord is slowly removed, the circulation is restored, and those arteries which have previously remained unnoticed, tied. The patient presents the same appearance as before the operation, his pulse is full and strong, and convalesence will no doubt follow much more rapidly and surely than if the operation had been performed in the customary manner.

The tourniquet can be used with more or less complete success in nearly all operations on the extremities. In extirpation of tumors, in the removal of scrofulous sores or caries, and resections of small bones or joints, the tourniquet need not be loosened until the wound has been dressed.

This tourniquet possesses an advantage over all others that it can be adjusted to any portion of the limb, and the location of principal arteries need not be considered. It is manufactured by Messrs. Tiemann & Co., New York, and may be purchased for $3.75, American currency.

DIED.

In this city on the 22nd inst., JAMES ROWELL, M.D., in the 43rd year of his age.

Book Notices.

A PRACTICAL TREATISE ON THE DISEASE OF THE EAR, including the Anatomy of the Organ. By D. B. St. John Roosa, M.A., M.D. Professor of diseases of the Eye and Ear University of New York, &c. &c. Illustrated by wood engravings and chromo-lithographs. New York : Wm. Wood & Co. Toronto : Willing & Williamson. Price $4.50.

Dr. Roosa is already well and favourably known as a most indefatigable worker in the department of Aural Surgery. He introduced the use of the aural mirror into the practice of the New York Eye and Ear Infirmary in 1863, whence it has been generally adopted on this continent, a simple and inexpensive instrument by which any physician may, in a few minutes, learn to examine a membrane which not a few practitioners have never seen on the living subject.

"This work" Dr. Roosa in his preface says, "is intended to be a guide to those who wish to treat the diseases of the ear. The portion that is devoted to a description of these diseases, and the means for their relief and cure, is founded upon my own experience in the observation and treatment of more than thirty-eight hundred cases, in public and private practice."

We have perused its pages with both pleasure and profit, and have found it a most useful treatise and safe guide to the practitioner.

The work is divided into four parts, viz : I. The External Ear. II. The Middle Ear. III. The Internal Ear. IV. Deaf Muteism. The anatomical descriptions and illustrations are also divided and very conveniently arranged. The article on foreign bodies in the external meatus is full of faithful warning. Dr. Roosa emphasizes the recommendation not to attempt the removal of a supposed foreign body from the external auditory canal unless it can be seen. Cases are reported where death resulted from rude manipulations in searching for supposed foreign bodies that could not be found at the post mortem examination.

It appears that, by far, the greater number of cases of aural disease arise from diseases of the Middle Ear. Two hundred and eighty pages, or more than one-half of the entire work are devoted to the anatomy, diseases and treatment of this cavity.

In acute inflammation of the tympanic cavity, the benefit of local depletion is nowhere better

seen; the effect of two or three leeches in front of the external meatus is almost magical.

Paracentesis is performed if the membrana tympani is bulging from the presence of matter in the drum cavity. This is followed by the air douche through the eustachian catheter or by Politzer's Method. In scarlet fever the ears should not be neglected.

Ninety pages are devoted to what Dr. Roosa calls "Chronic Non-suppurative Inflammation of the Middle Ear," which he divides into two forms, the "catarrhal" and the "proliferous." The former is the most common cause of deafness; and is almost invariably associated with catarrh of the naso-pharyngeal space. There is thickening and excessive secretion from the mucous membrane. In the latter there is an entire absence of catarrhal symptoms; the character of the inflammation being essentially hypertrophic with connective tissue formations.

In the treatment of nasal catarrh, Dr. Roosa strongly condemns the use of the nasal douche (known as Thudichums or Essex's Nasal Donche). Sixteen cases of acute inflammation of the Middle Ear are reported, which Dr. Roosa believes can be direcly traced to the use of this apparatus.

He was the first to call attention to this dangerous procedure. In the treatment of the eustachian tube, or rather, as he maintains, the middle ear through the tube, Dr. Rosa differs from the English surgeons; he believes that the eustachian catheter is *essential*, and that, except in the case of young children, Politzer's method, although most valuable and indispensable, is as an adjuvant to the former. The improvement in the hearing from inflation of the drum daily with atmospheric air, doubtless depends upon the re-establishment of the equilibrium of atmospheric pressure upon the two surfaces of the drum membrane. Dr. Roosa is not explicit on this point however. With reference to the modern operations upon the tympanic membrane and division of the tensor tympani muscle, Dr. Roosa does not seem to have had much experience. He however speaks approvingly of Dr. Hinton's method of treating the middle ear by perforation of the membrana tympani and washing out the cavity and eustachian tube by injections forced from the external meatus through the middle ear and eustachian tube, or *vice versa*. Hinton maintains that in nearly all cases of deafness of long standing, the drum cavity is more or less filled with dry mucous. Roosa cannot concede this, although it is supported by high authority, and notably that of Schwartz of Halle. In Dr. Roosa's practice, the results of treatment have not been brilliant, in these cases of "chronic non-suppurative inflammation of the middle ear." In 355 cases, 48 per cent. were unimproved. This appears less surprising when we learn that in one-half of these cases the hearing had been more or less impaired for periods varying from five to forty years.

Cases of acute suppuration of the middle ear, according to Roosa, are too often allowed to terminate in chronic suppuration and impairment of hearing; although the results of judicious treatment are most satisfactory,—the discharge arrested; the perforation healed, and the hearing restored, in many cases in a few days. Paracentesis of the membrane may be necessary. After perforation, in addition to syringing with warm water and the instillation of zinci: sulph: gr. ii.—℥i. the air douche, either by Politzer's method or the eustachian catheter, should also be used once or twice a day. Should there be tenderness, redness or swelling over the mastoid, the process should be cut down upon and the incision extended upwards at least half an inch.

"Chronic suppuration of the middle ear" it seems is often mistaken for that "rare disease," chronic suppuration of the external auditory canal. Dr. Roosa combats the prejudice against the stoppage of a purulent discharge from the ear. In the language of Wild, "*we can never tell*" (after the discharge has once set in) *how, when, or where it will end, or what it may lead to.*" Dr. Roosa thinks this should be impressed upon the attention of every practitioner of medicine. As a pre-requisite to the successful treatment of this affection, the parts must be thoroughly cleansed, by the practitioner personally, at least twice a week. This can only be done by a combination of syringing and the use of the air tube through the eustachian tube. In recent cases Dr. Roosa uses weak solutions of zinci sulph.; in old cases he uses strong solutions of argent. nit. Nitrate of silver solutions are found to be of little value unless containing at least 40 grains to the ounce; they are sometimes used as

strong as 480 grains. The hearing is in some cases very considerably improved by the artificial membrana tympani, but Dr. Roosa uses them only in cases of adults possessed of a considerable amount of intelligence.

In the treatment of mastoid periostitis by incision over the procsss, Dr. Roosa says that he has been sometimes amazed at the depth to which the scalpel entered. He recommends perforation of the mastoid bone when it is found be diseased, and in cases of suppuration of long standing with frequent and painful exacerbations.

Fortunately for afflicted humanity, diseases of the internal ear do not often occur. In 1,500 cases of aural disease Dr. Roosa found only 57 such cases. The deafness occurs suddenly and is nearly absolete. The tuning fork can not be heard on any part of the head or against the teeth. In deafness from disease of the membrana tympani, or empacted cerumen in the external meatus the turning fork on the head is heard even better than by the normal ear. In the treatment of diseases of the labyrinth, much was expected, at one time, from the use of electricity, but according to Dr. Roosa there are no authentic cases on record of a cure of a true inflammatory affection of the labyrinth by this agent.

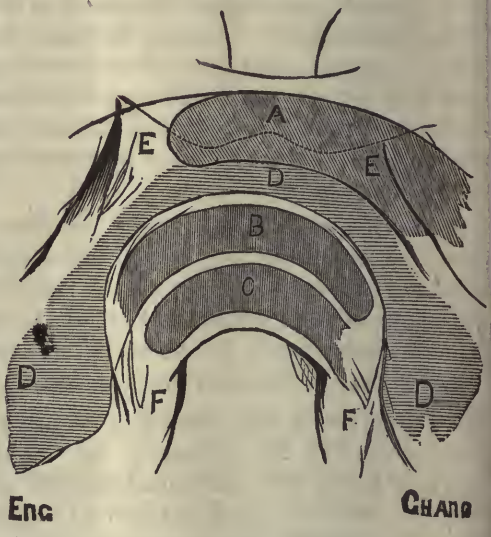
In bringing this imperfect review to a close we would add that if ever a scientific treatise met "a felt want" it is Dr. Roosa's. We trust that the author, who is still young, may long live to see the fruit of this young tree that has been planted under such favourable auspices.

The wood-cut illustrations, of which there are 110, are remarkably well executed, and the publishers may be congratulated on the good style in which the book has been brought out; it is unexceptional in every respect.

Apomorphia as an Emetic.—This substance is obtained from opium or morphine. Its importance as an emetic is owing to the rapidity with which it operates. It is best used subcutaneously; the dose is from $\frac{1}{13}$ to $\frac{1}{7}$ of a grain in solution. Emesis is brought about in from 3 to 5 minutes, and the effects pass off within half an hour, no unpleasant results being left behind. The muriate of apomorphia is chiefly used.

CHANG AND ENG.

The *Philadelphia Medical Times*, (Feb. 19) from which we copy, contains a full account of the *post mortem* examination of Chang and Eng, which was conducted by Drs. Pancoast and Allen. The chief interest in regard to this phenomenon centres in the anatomy of the band which united them. The following is a diagrammattic representation of the dissection of the band, so far as it has been examined. The words Eng and Chang in Siamese mean "right and left," respectively, and they are so represented in the diagram:



A.—Upper or hepatic pouch of Chang.
B.—The peritoneal pouch of Eng.
C.—The lower peritoneal pouch of Chang.
D.—Connecting liver band, or *tract of portal continuity*.
E. E.—(Dotted line) union of ensiform cartilages.
F. F.—Lower border of the band.

The band is about four inches long and eight in circumference. There was found to be a union of the twins at the ensiform cartilage. Two pouches of peritoneum were also found to pass from Chang into the body of Eng, and one from Eng into the body of Chang, and lying between the two preceding. Their livers were found to be continuous, so that a colored injection thrown into the portal vein of Chang passed through the band into the liver of Eng. In the absence of liver tissue this connection is called the *tract of portal continuity*. The vascular connection of the band has not yet been fully investigated. When that has been done we will again refer to the subject and give a more complete description. There can, however, be no large vessel connecting them, as was formerly supposed.

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ON POST-PARTUM HÆMORRHAGE.

BY AUGUSTUS JUKES, M.B., ST. CATHARINES, ONT.

There is, perhaps, no single subject coming within the range of knowledge indispensable to the general practitioner, which demands a more perfect acquaintance with its pathology and the remedies applicable to it; or a greater degree of coolness, promptitude and confidence in their application than Post-Partum Hæmorrhage. A subject surely of much practical importance; one, a demand for the most intimate knowledge of which, may at any moment be made upon each one of us; one, wherein any failure upon our part of all knowledge available, or all skill and readiness in its application may at the shortest notice entail sorrow upon those who put their trust in us, and cover us with shame and unavailing regret.

A comprehensive examination of the whole subject of Post-Partum Hæmorrhage in all its various aspects; its predisposing and exciting causes; the management most likely to overcome these, and the special course of treatment advisable in each of its many varieties, would embrace altogether too wide a field for the subject of a single paper. I shall therefore confine myself to the consideration of one large and comparatively common class of cases; *First*, glancing briefly at the physiological condition of the gravid uterus which renders post-partum hæmorrhage possible, and the pathological condition at the moment of delivery which constitutes its proximate cause:—*Secondly*, at the various remedies proposed or recommended in text-books to combat and arrest it; and *Thirdly*, suggesting the selection in this particular class of cases of a remedy, which though eminently safe and efficient, has hitherto received little notice from the profession at large.

As post-partum hæmorrhage never takes place (saving in rupture of the uterus) until the placenta, or some portion of it is detached from the uterine walls, let us first examine for a moment the nature of the union which is pre-established between them, and of the lesion which takes place, when in the course of parturition they are violently rent asunder.

No real vascular continuity exists between the mother and the fœtus:—No current of maternal blood either enters directly into the placental vessels or is received therefrom. Fœtal circulation is essentially self-sustaining, and exists altogether independent of the forces circulating the maternal blood. This has been clearly demonstrated by anatomy, and is further substantiated by the facts; *First*, that the pulsations of the fœtal heart are not synchronous with those of the mother; *Secondly*, that the blood corpuscles of the fœtus do not resemble either in size or appearance those of the parent; and *Thirdly*, that the fœtal blood differs essentially from that of the mother in its physical and chemical characteristics, being of a darker colour, incapable of coagulation, and destitute of fibrin and phosphoric acid.

This union between the fœtus and the mother takes place through the medium of the chorion, or investing membrane of the womb in the following manner. Immediately after conception a very rapid and continuous development takes place in the vessels of the uterus, and especially in the capillary loops, ramifying upon the mucous membrane, which form the connecting links between the termination of the arteries and the beginning of the veins. These capillaries, like the veins into which they enter, are destitute of valves, and in the impregnated uterus become rapidly enlarged into irregular cavities, which from their size and the resemblance they bear to those of the dura mater, have been termed *sinuses*, though they differ from these in containing *arterial* blood. The walls of these sinuses, like the capillaries in which they originate, are formed only of prolongation of the inner coat of the vascular system of the mother.

Between these gradually enlarging sinuses, the growing villi of the chorion dip down and project themselves, like the radicles of young plants into the earth, pushing before them the decidual membrane of the placenta and the altered mucous membrane lining the uterine walls, when these vessels assuming the character of sinuses, swell

out around and between the villi, until these villi, already shrouded in the two decidual membranes, are completely bound up and embraced by the delicate membrane constituting the walls of the sinuses, which thus encloses them upon every side, and amongst which, these tufted villi may be said to take root. All intercourse existing between the circulation of the mother and that of her offspring, takes place through the medium of the two decidual membranes, the one placental, the other uterine, through the intervention of which the tufted, arborescent villi of the chorion are brought into close approximation with the blood of the mother contained in the uterine sinuses; the fatal blood being oxygenated in its transiœ through these villi by the arterial circulation of the mother, exactly in the same manner as the blood of fishes and of the larvæ of the Batrachiæ is aerated in their branchial tufts by exposure to oxygenated water.

The union thus established between the placenta and the uterus, though sufficiently firm for the respiratory purpose it was destined to fulfil, is quite incapable of withstanding the violent muscular contractions of the uterine walls which accompany the expulsion of the fœtus, and the placenta is commonly thrown off by the same contractile effort which accomplishes the birth of the child; the delicate walls of the uterine sinuses being torn and lacerated in the violent separation; and these being frequently of a size sufficient to admit the passage of a finger, it is evident that the life of the mother at this critical period depends upon firm and persistent contraction of the muscular fibres of the uterus;—this failing from any cause, and for a very short period of time after the detachment of the placenta, she dies.

It would be impossible to enter into a consideration here of the causes which predispose to hæmorrhage after delivery, or of the management during paturition, best calculated to avert that catastrophe; nor can I touch upon the various kinds of post-partum hæmorrhage, depending upon a great variety of causes (such as intra-uterine polypi, peritonial adhesions to the fundus or body of the womb, and the irregular action of the uterine fibres known as hour-glass contraction. And that peculiar, but not uncommon condition of the organ, wherein various sets of fibres composing its walls are successively and alternately contracting and expanding irregularly, producing no uniform condensation of the tissue, and giving the uterus a knotted and uneven sensation beneath the hand, all of which are attended by more or less pain, and a troublesome and exhausting discharge, and which, individually require for their management a modified treatment, specially directed to the peculiar circumstances of each, such being beyond the scope of this paper.

The cases to which I now especially refer, comprise that large and important class, wherein from a variety of causes, (impossible to enumerate here) the uterus shortly after the delivery of the child, and either previous or subsequent to the expulsion of the placenta, not only fails to contract uniformly and persistently, but remains so passive and inert that it is rapidly distended by the pouring out of blood from the uterine sinuses, and not unfrequently expands or relaxes so suddenly as to draw in through the vagina a considerable amount of air.

In these cases, as is well known, the organ is no longer found small, firm, and hard beneath the hand placed over the hypogastrium, but a large, soft, diffuse tumour occupies the abdomen, and these symptoms are accompanied, either internally, externally, or both, by rapid and alarming hœmorrhage.

The great desideration here is doubtless to procure prompt and permanent uterine contraction, and the measures we find recommended in the text-books, such as grasping the uterus firmly through the abdominal walls; friction and kneading of the same; the sudden application of cold by means of wet cloths to the genitals and hypogastrium, or by pouring cold water from a height upon the abdomen; the administration internally of emetics, ergot, cold drinks, opium in various forms, and acetate of lead; compression of the aorta; cold enemata thrown into the rectum; galvanism and the introduction of the hand within the uterus, all have the same object in view, namely, to rouse the organ from its inertia and to excite contraction of its muscular fibres.

But this inertia, in a large number of cases, depends upon exhaustion of contractility, arising from excessive or long continued action, nervous shock, &c., and many of the remedies above named, if persisted in beyond a certain point, not only possess no virtue, but are positively produc-

tive of evil. Emetics, ergot and cold, increase the depression—to say nothing of the time required for the first to act—or the after effect of drenching an exhausted woman's bed at such a time with cold water. Kneading the uterus, and pressure applied either instrumentally or by the bandage and various kinds of pads, often injure the organ, and predispose to various puerperal affections—and at any rate cannot be persisted in, unless found immediately effective.

In the early days of my practice, I have tried most of these to a greater or less extent. I never was guilty of emptying a pitcher or pail of cold water from a height, upon the naked abdomen of a recently delivered and exhausted woman,—I think I shall never do so,—but the other remedies, I, as a young beginner, have tried over and over again, because they were recommended, and all with a few exceptions were soon abandoned as useless or worse when prompt action was required. Of these, ergot, administered as a preventive, when the head is on the perineum, or immediately after delivery, is the best. I always place the left hand firmly over the fundus uteri as the head is being born, having found this good in all cases, and after carefully placing it in the hand of an assistant, with directions how to proceed, I keep an uninterrupted watch over it until the placenta is removed and the bandage applied. Of the remainder, *with one exception*, I have long ceased to put faith in them; this *one*, however, namely, the careful introduction of the hand into the uterus to remove clots and excite contraction, as recommended by Dr. Gooch, though condemned by many eminent men, has frequently in my experience proved a safe and ready method of arresting the flow. As regards the use of galvanism, first recommended many years ago by Dr. Radford of Manchester, it is too inconvenient to be always on hand—and not so simple and readily available as to be depended upon by the general practitioner.

In November, 1869, Dr. Barnes read a paper before the Obstetrical Society of London, strongly advising in these cases, an injection into the cavity of the uterus, previously emptied of its contents, of a solution of the perchloride of iron. The idea did not originate with Dr. Barnes. It was first mentioned, I think, by D' Outrepont, and more especially recommended by Riwisch in 1840—since which period, though it has not appeared in our text-books, solutions of the perchloride, per-nitral, and per-sulphate of iron have been extensively used in the same manner by many eminent accoucheurs. I have never found it necessary to use it. I can only say that in a very considerable obstetric practice extending over twenty-five years I have never met with a case of post-partum hæmorrhage which resisted the means already at my disposal, except when complicated with rupture of the uterus—to which it would be inapplicable. I have never seen but one woman die from accidental hæmorrhage, and that one was moribund when I reached the house—and drew her last breath as I advanced to the bed whereon she lay; but this I believe has been because while availing myself in ordinary cases of some of the means ordinarily recommended, I have never depended upon them, nor wasted time in their application, knowing that I possessed a remedy, safe,—certain, expeditious, and easy of administration; one which the most ignorant assistant can at once prepare, and from which I have never, in the very large number of cases in which I have used it, observed any ill effects.

It is to this particular means of arresting post-partum hæmorrhage of the kind referred to, that I venture now to recall the attention of the profession; believing that if understandingly used, the the cases must be remarkably rare in which any other need be resorted to—and confident from long experience with it that no bad results follow its use: I refer to *injections into the cavity of the uterus of dilute alcohol.*

The idea did not originate with me. It was first proposed by Mr. Cattell in a communication to the *Lancet* of Dec. 6th, 1845, but my attention was first directed to it in 1848 by an article from Mr. Torbock which appeared the year previous; since which time, so far as I am aware—no special mention has been made in the medical press of this mode of treatment, which has certainly not hitherto met with the attention it so eminently deserves. In the late exhaustive discussion on Dr. Barnes's paper before the Obstetrical Society of London—at which every other course of treatment was passed in review, it is not so much as mentioned.

The first practical trial of its efficacy was made by me in 1849. I have since thoroughly tested it,

but with the exception of a few professional friends who have adopted it upon my recommendation, I am not aware that it has been resorted to in this Province.

Next in importance to this, as a means of exciting uterine contraction, I regard the proposal of Dr. Gooch to introduce the hand carefully into the expanded uterus. Not that I advise its hasty or immediate adoption, but when grasping the uterus through the abdominal walls—after removal of the placenta,—added to friction and pressure over the flaccid tumour, fail rapidly to promote contraction; when added to this the hæmorrhage is of that rapid and alarming character sometimes observed, giving small time for delay, but demanding instant action, and taxing our skill and coolness to the utmost, then, as a preliminary to what may be next found necessary, namely, the use of the intra-uterine injection, I would carefully introduce the hand and empty the cavity. If, when this is accomplished, the uterus shows no disposition to respond promptly—which in a large number of cases it will do, my next step and without delay, is the injection of six or eight ounces, perhaps more, of cold spirit and water, it matters little what preparation is selected; I have used brandy, rum, whiskey, and gin with one uniform result;—namely, the sudden and instantaneous contraction of the organ, and consequent arrest of the hæmorrhage. Any assistant can prepare this at a moment's notice. The enema syringe should always accompany the practitioner on such occasions; it is often of great use in shortening a tedious labour, and in promoting the comfort and cleanliness of the patient and her attendant, and if a metallic, telescopic, pocket-pump instrument—such as I have long used, with a short rectum tube adjusted on a ball and socket joint, capable of taking the shape of a uterine sound, it can be prepared and introduced literally in a moment, without pain or inconvenience, and if properly filled before placing it in position, without the introduction of air.

Whoever is willing to carry and use in the manner I have described, an instrument of this kind, will never after a few trials, desire to resort to any other.

The following are the only requisites for its success:—

Firstly, that it be not too long delayed.

Secondly, that the uterus and vagina be first carefully emptied of all retained matter, whether clots or placenta.

Thirdly, that the tube be passed fairly within the cavity of the womb, so as to insure a full stream reaching its interior. Where this is effectually accomplished the action of the muscular walls of the uterus is often so rapid and energetic, that the fluid is at once and violently ejected.

I cannot but believe this injection to be much safer than the perchloride of iron. If fairly and intelligently applied it will be found serviceable when any treatment is likely to prove available. I have never met in twenty-five years a case of simple uncomplicated flooding of the nature referred to, which resisted it, nor, as I have already stated, have I noticed any unpleasant effects resulting from its use.

REMARKABLE EFFECTS OF MINUTE DOSES OF STRYCHNIA IN ALLAYING VOMITING.

BY THOS. R. DUPUIS, M.D., ETC., KINGSTON, ONT.

I was called to attend a delicate looking female who was suffering from excessive nausea and vomiting. She had been unable to retain anything in the stomach for about three days when I saw her, and the lack of nourishment and the suffering during this time had reduced her to a state of the most pitiable exhaustion. She had at first had some abdominal pains with slight diarrhœa, but these had mostly subsided, and there was no tenderness in the belly when I visited her, except over the region of the stomach, and this seemed to be due to the frequent efforts to vomit. The ejected matter consisted of what little food and drink she swallowed, and a thick, glairy mucus. As she had passed one menstrual period, I suspected that incipie nt pregnancy might have something to do with it, and on making inquiries and finding that she had suffered severely from vomiting in her former pregnancies, I felt pretty well satisfied that such was the case.

I began to treat her with such remedies as I had often found to give relief in similar cases—using both internal and external means—but without any apparent good effects. For about 48 hours the vomitihg was not one whit relieved, and her

prostration was extreme. In my efforts to think of something that would relieve her, I recollected having read that small doses of the tincture of nux vomica had been found useful in the vomiting of pregnancy; so I immediately decided to try strychnia, and, for this purpose, made a solution of the following strength:

℞—Liquoris Strychniæ (U. S. P.,) M xx
Aquæ Puræ ℥iv.—M

Of this I gave her a teaspoonful every 2 hours, commencing in the evening. I saw her next morning and she was appreciably better; I allowed her to continue the medicine, and in the evening following, the vomiting had nearly ceased, although slight nausea still remained; she passed a good night, however, and the next morning was quite relieved.

During the administration of the strychnia, here referred to, I gave her two enemata of starch and laudanum, both of which were retained, and, no doubt, contributed their quota towards the almost miraculous relief which she experienced.

She continued taking the same sized doses at intervals of four hours for several days after, and had no return of the distressing nausea and vomiting; and was remaining very comfortable when I last heard from her.

It is but just to say that I did not give the oxalate of cerium, as I could not obtain the remedy till after she had begun to take the strychnia, and it was working so admirably that I withheld the cerium, although I had put up a number of one grain powders for her.

Of course like all other occurrences in our uncertain science the cessation of this lady's sufferings might have been only a coincidence—the *vis medicatrix naturae* performing the cure, while the strychnia was being given:—but so sudden was the change after the administration of the medicine, that I cannot but think that it was the chief agent in accomplishing it.

The dose of strychnia seems very minute, but it was large enough, and very far from being homœopathic. A fluid ounce of liq. strych. contains 4 grains of the salt, hence a grain is represented by 120 minims (℥ii.) of the solution. Twenty minims of this contains 1/6 of a grain, which, being divided into 32 doses, gave the $\frac{1}{192}$ part of a grain; this being administered every 2 hours amounted to $\frac{1}{16}$ of a grain in the 24 hours, a quantity which I have found useful in many varieties of nervous disease.

A solution of the strength given her is most intensely bitter, and patients taking it will not complain that there is no medicine in it. Perhaps even a smaller dose than this might be sufficient. This remedy is certainly very efficacious in the cases to which it is adapted; namely, those when the nerves from chronic irritation seem to have lost their normal power, and are manifesting their force by irregular and abnormal bursts of reflex action, as well as in those cases where the nervous forces are entirely in abeyance.

Another case in which I have lately used it with most excellent effects, was vomiting dependent on disease of the heart—mitral insufficiency. The patient suffered constant and distressing nausea, and a feeling of fulness and distension of the stomach, the consequence of the general capillary engorgement of the mucous membrane.

There had been several opinions given respecting this patient, and various remedies recommended; but, as they all failed to relieve this particular symptom, I again resorted to the strychnia. I ordered grs. $\frac{1}{120}$ every two hours, in a wineglassful of ice-cold water.

The relief was so marked that it was observable by all the attendants and family, the patient being enabled to take food in a short time after it was commenced. Although the patient died of his heart affection, yet the strychnia gave him so much relief that he regularly asked for it when ever he felt the nausea returning.

Strychnia in a certain class of cases is a remedial agent of great potency; but it must be used with caution. I have seen alarming effects produced by gr. $\frac{1}{80}$ given every 4 hours to a girl 10 years of age: the effects being manifest after the 6th dose had been taken. I prefer very small doses, say from gr. $\frac{1}{100}$ to gr. $\frac{1}{200}$, given frequently; as by this means a sufficient quantity of the remedy is absorbed during a given time, to exert its peculiar powers on the system, while not a sufficient amount can be obtained from any single dose to become dangerous.

The danger of strychnia does not seem to depend so much on the quantity introduced into the system as it does upon the suddenness with which that quantity has been taken up by the system.

An amount which might be given in 24 or 48 hours with safety and benefit if so divided as to be administered in hourly or two-hourly doses, would most probably set up alarming symptoms after each dose, if its administration was effected by *fewer* doses, given, say, six or eight hours apart.

Although the system will acquire a tolerance of the remedy, we are always safer to be on the watch for its cumulative effects, than we are to be anticipating the failure of its remedial effects through tolerance, by increasing our doses of it.

KINGSTON GENERAL HOSPITAL.

DR. FOWLER, ATTENDING PHYSICIAN.

(*Reported by K. N. Fenwick.*)

Though Esmarch's method of bloodless operations has been used several times during the past winter with uniform success, so far as the proceeding itself is concerned, yet one of its disadvantages will be seen by the two following cases, which appear to show that the pressure of the elastic tubing diminishes for a time the size of the bloodvessels to such an extent that careful scrutiny at the time of the operation fails to reveal the open mouths of the vessels, which, in other circumstances, would have been twisted or ligated, so that afterwards secondary hemorrhage may probably cause as much blood to be lost to the patient as if the bloodless method had not been adopted. As a matter of course this interferes with the healing process; particularly so when the wound has to be re-opened.

CASE 1st.—James C———, æt. 30, was admitted January 19th with a cartilaginous tumour, six inches in length and four inches in breadth, adhering to the head of the tibia.

On the 31st the tumor was excised, the rubber-tubing having been previously applied in the usual way. Not a drop of blood was lost during the operation. On loosening the tourniquet it was found that the anterior tibial artery had been wounded where the under surface of the tumour was in contact with it. This was ligated, and the edges of the wound secured by sutures. A large amount of oozing took place for several days afterwards.

CASE 2nd.—Fred T———, æt. 21, was admitted February 4th with diseased knee joint. On the 14th, at 4 p.m., chloroform was administered, the rubber-tubing applied and secured by a tourniquet about the middle of the thigh. While amputation was being performed at the lower third of the thigh no blood was lost, two arteries were ligated, and oozing soon stopped by exposure to the air. The stump was then washed with aq. carbol. (1 to 40), the edges brought together, and secured by sutures. Eight hours afterwards the house surgeon was called up and found that arterial blood was escaping from the stump; and, upon taking off the bandage, a fine stream was seen issuing from the wound. The sutures had to be removed, and a small artery was ligated. Since this occurrence he has been doing well, but the healing process has been to some extent fnterfered with.

Correspondence.

"UNION IS STRENGTH."

(To the Editor of the Lancet.)

SIR,—While we were disunited Parliament refused to pass the Bill proposed by the Medical Council. The moment we became united Parliament yielded, and to-day Ontario has on her statutes the best law ever enacted in the interest of the medical profession; and what is in the interest of the profession is manifestly in the interest of the public at large. This Bill would have passed a year ago but for the ignorance which prevailed among members of the profession as to its pro visions. I am satisfied, that at the presen moment, one-third of the practitioners throughout the country are in blissful ignorance of the character of the law as it now stands. They have some vague ideas about a council and taxation, but they have no intelligent conception of the real state of matters. For example, an old and highly-respected practitioner, residing in a neighboring town, wrote to the representatives of his county to vote against the bill lately become law, and why? because it contained no penal clauses! Comparatively few take the trouble to look carefully into such matters at the proper time, and the result is, that when the time for action comes, they act inconsiderately or are guided by what they read in the papers. The battle is not yet over. Dr.

Campbell and Mr. Gordon Brown have been worsted, but not vanquished. They will renew the fight, and it behoves the friends of ONE EXAMINING BOARD to be on the alert. If we would only act in concert no Parliament could afford to disregard our remonstrances. I consider this question of ONE EXAMINING BOARD, of far greater importance both to the profession and the public than any at the present moment affecting provincial politics. We have no assurance, except in the vigilance of the profession, that the question will not be re-opened. It was only through the apathy of the medical gentlemen in their respective constituencies that the following gentlemen voted in committee for the Homœopathic Bill, which contemplated the dis-memberment of the Council, and the re-establishment of the old system of examinations. The gentlemen alluded to are—CROOKS, ARDAGH, DEACON, MEREDITH, SEXTON, SNETSINGER, and STRIKER. There are others in the House who would have done the same thing under like circumstances. However, but few of the above named gentlemen would have voted as they did had they been told that such a course would most certainly receive the reprobation of the profession at the ensuing election. I am a Reformer in politics, but a thousand times would I prefer Mr. Crook's defeat in West Toronto, than that he should be again permitted to introduce another such bill. These gentlemen should be looked after during the recess, be they Whig or Tory. We have now got our rights, and let us fight for them by every legitimate means within our reach; and not the least important is, the use of the franchise. The medical men of Ontario, if united, can effectually resist all legislation of the nature of Dr. Campbell's bill.

But that our efforts may be well and wisely directed, we should "organize," as the politicans say. I see you have a Medical Society in Toronto—Toronto is the Capital, and is also central. I hope the society there will see the propriety, nay, the immediate necessity, of taking steps for the formation of a Provincial Association for Ontario. A move of that kind, I am convinced, would meet with a hearty response at the present moment. The dissemination of information in reference to all matters affecting the profession would form an important part of the work devolving upon such organizations. Had we such a Society during the past few years, we would have found it of immense value in our efforts to obtain fresh and needed legislation.

Another important matter which such a Society might inagurate, is a Mutual Assurance Association. While I think such an Association should be under the Council and its officers, both for the sake of cheapness and safety, yet, I think the Ontario Medical Society should originate the matter and put it in proper shape to hand over to the Council at its next meeting. In conclusion, I would suggest to our friends in Toronto, that they call us together about the end of May, or shorily before the meeting of the Council.

Yours, etc.,

A. MACKINNON.

Stratford, March, 1874.

A DEFENCE OF THE MEDICAL BILL.

To the Editor of the LANCET.

SIR,—It appears to be the misfortune of the medical profession, as of other bodies, to be more or less misrepresented, even when labouring to promote the best interests of the public, as well as their own.

The Bill just passed the Legislature has proved no exception to the rule. It has afforded an opportunity to those who like to assail the profession, and some, happily very few, have taken advantage of it. The Bill may be said to embody the wants and wishes of the vast majority of our medical men, including representatives of all sections of the profession who agree in the laudable desire of protecting the public and promoting the well being of their high calling.

The cardinal points of the Bill are as follows:—

That any man who adopts the healing art as a profession, no matter what he may style himself, shall have a fair share of preliminary education. Surely to this feature no objection can be raised, except by those who would think it an advantage, were the legal and the teaching professions thrown entirely open, and who consider Osgoode Hall, and our entire educational system as expensive, useless, and even oppressive encumbrances. The Bill will further protect the public by insisting that every one who intends to practise medicine shall spend a period of sufficient length at his studies to ensure

the acquisition of a competent knowledge. Can any person regard it as unwise to compel every intending practitioner to study long and carefully the human system in health and in disease? Can any one imagine that without such study it is possible to become acquainted with the fundamental subjects of medical science—which are common to physic in every form—and indispensable to any person who undertakes, in any way whatever, the cure of disease?

These fundamental branches of medical knowledge are the exclusive property of no section of the profession, but belong to the entire body. No Medical "Pathy," or "Ism" can claim as its own, anatomy, physiology, chemistry—a knowledge of the vast array of the diseases flesh is heir to—surgery, midwifery, pathology, medical jurisprudence and toxicology, sanitary science and botany. Yet, not a single member of any of the "pathies" can be trustworthy who has not attained such a knowledge of all these as only a protracted course of study can give. A very important feature, in the present Act, is to secure a high standard in these fundamentals, to which every man must come up, no matter what he calls himself, or where he may have been educated. This must commend itself to all intelligent persons, whether in the profession or out of it, as a great security to the general public. Up to this point all has been common ground, no more essential to one "pathy" than to any other, yet invaluable to all.

It has been represented that under our Medical Bill the Council will have the power to pronounce as infallibly upon disputed points of medical doctrine as other high authorities are supposed by some capable of doing on matters ecclesiastical. This is absolutely incorrect. No sooner will the candidate have passed his examination in the branches common to all, before examiners who may differ widely in many matters, than he is at perfect liberty—nay, he is expressly directed to signify his wish—as to how the remaining part of his examination shall be undergone. If he leans towards any special system, he can elect as his examiners those who are members of the medical body to which he desires to belong, and even further facilities will be granted under the new law in cases where any hardship might be presumed to exist from the want in Ontario at present of special schools. With this special examination no other member of the Board has anything to do, and having passed it successfully, the name of the candidate is registered under the Act; and whatever his specialty or system, he is entitled to all the privileges of a registered practitioner.

Nothing can be more liberal than this, under which, while no specialty is frowned down because it is a specialty, every man who passes his whole examination goes forth to the public having in his license the best possible guarantee of the thoroughness of his education. He may thereafter practice what he pleases and believe what he pleases medically; no one will seek to interfere with him.

Nothing fairer than this can be imagined; yet this is the essence of our Bill. Under it we can comprehend everybody, provided only he be an educated medical man, and the arrangements of the Medical Council Examining Board are such as to secure in every case the most perfect impartiality. Prior to the passing of the previous Medical Bill we had a very sad state of things—eight or nine different licensing bodies—each having a more or less pecuniary interest in the number of its outgoing licentiates. They were in many cases rival bodies competing with one another, and what was the result? The rushing into the profession of vast numbers of persons with very imperfect preliminary education in many cases, and very imperfect professional education in many more. Greatly reduced numbers, it is true, attend all our schools since the adoption of this *Central Board system*, but how great already has been the gain to the public, and how great will it ultimately be to the Medical Schools themselves by their willing adoption of a high and uniform standard of medical education. The present Bill continues the Central Board system, and the profession with rare unanimity accord it a very hearty support.

Another feature of the Bill is the imposing of a trifling tax on medical men, fixed at from $1 to $2 a year to enable the Council to lower very greatly the present high charges levied upon students going up for examination.

The number of Homœopathic and Eclectic representatives have not been diminished. The old number is retained to show that every desire for fair play exists.

The question then remains:—If the public are guaranteed an educated profession, are its members of every section not entitled to some degree of protection? No man who has passed the Board, and

is duly registered has any doubt as to the answer to this question.

As a parting word, and as indicative of the liberal feeling in the Council and among the profession generally, the principle is conceded that no man who passes a fair examination on the fundamental branches of medicine (common to the entire profession) shall have his certificate withheld on account of any peculiar views he may hold as to the use of medicines in treating disease.

In conversation with some of the most intelligent laymen who favor Homœopathy, I find all, with a single exception, agreed on the following matters :

1. That it is very desirable, nay essential, that every young man who intends to be a doctor of any kind should have a fair preliminary education, and that the examination testing this should be uniform and public in all cases, and conducted by laymen whose fairness is considered above suspicion.

2. That on all subjects common to all sections of medical men, whatever name they adopt, a good, thorough grounding should be given; and their examinations upon these should be uniform and public, and conducted by a mixed board.

3. That special subjects, whatever these be, should be entrusted solely to special examiners.

4. That until any particular section of the profession, not having such a thing at present, shall establish a teaching body, attendance at schools belonging to such sections, wherever these be, should be recognized.

Now these points are all fully provided for in Dr. Baxter's bill. True, the matriculation examiner in Toronto is supposed to lean towards Homœopathy; but he is a highly respected and most worthy man, a graduate of the University of Toronto, and no Allopathic student has as yet complained that his Algebra, or Arithmetic, or Euclid, or even that his Latin, French or Natural Philosophy have had the least flavor of any pathy about them. The other three points are as fully and as fairly provided for; so that while every man who passes through his full examination will be a well educated man, no man's peculiarities will expose him to anything but the fullest justice.

WALTER B. GEIKIE.

Toronto, March, 1874.

ESMARCH'S TOURNIQUET.

(To the Editor of the Lancet.)

SIR,—I have been much interested in watching the success of Esmarch's bloodless operation : it seems to be so great a boon to young surgeons especially.

Last Wednesday, having an operation on hand for necrosis of the fibula in a boy of eleven, I resolved to try it. On the Friday previous I saw your description of Esmarch's instrument with the intimation that one could be procured in New York. But, not having time then to procure one, I purchased a piece of ¾ inch rubber tubing (1 yard would be enough) and riveting a strap to one end in which large eyelets were made, and to the other a hook, it answered for the Tourniquet. We then purchased 3 yards of the best shoe elastic, which being folded three ply and stitched to keep it in place, forming a two inch band, made an excellent bandage.

The mode of application is so well shown by the woodcut in your last number, that no one could err in using it.

The leg when opened appeared perfectly bloodless—a spot about the size of one's nail only appearing red, but no drops formed. After the tubing was removed the leg filled with blood in a few minutes, leaving no trace of any injury whatever, unless it was a little soreness of the flesh, lasting some twenty-four hours.

As the elastic band was not much the worse for the use to which it was applied, it could easily be disposed of without much loss; but where the surgeon designs keeping one on hand, the New York instrument is as cheap as any home-made affair.

It may be that we applied the rubber cord tighter then necessary; it certainly seemed the most painful part of the operation, and to require the patient to be well under the influence of the anæesthetic.

Dr. Day, of Trenton, and McCammon, of Kingston, who were present, expressed themselves highly pleased with the success attending its application.

Yours truly,

W. W. MEACHAM, M.D.

Odessa, March 12th, 1874.

Selected Articles.

IODIDE OF POTASSIUM IN SYPHILIS.

The value of mercury in syphilis has been so amply vindicated by Mr. Hutchinson, that we may be excused from looking longer on this side the picture; but there is another which is of equal or greater interest. As well pointed out by Mr. Hutchinson, syphilis is a malady more or less approximating to the characters of an eruptive fever, and tending like these to terminate of its own accord, with the evolution of certain symptoms. What Mr. Hutchinson has laid down as regards mercury, and what in another column Dr. Wilks corroborates, is that mercury distinctly interferes with the evolutions of these symptoms, cuts the various stages short, and acts as an antidote to the specific poison which gives rise to the symptoms in question. But whether the due course of the malady be interfered with or not, it tends to limit itself and come to a spontaneous end. But when the end has come, the individual does not cease to be liable to suffering; he ceases to be a source of danger to others, for the disease in this stage can no longer be propagated by him—except, indeed, we accept the theory recently advanced by Mr. De Meric, that a simple sore in such a patient is capable of propagating syphilis. But he becomes liable to certain evils of no mean importance, such as periostitis, disease of bones, deposits of gummy matter in nearly all the organs of the body, rupia and spreading ulcers of the skin and other parts, to say nothing of waxy degeneration of many different organs. Now, these evils are directly consequent on syphilis, yet they are not, strictly speaking, due to syphilis; they are sequelæ, and must be treated in a totally different fashion from syphilis itself. During the period of syphilitic eruption it is questionable whether iodide of potassium is of the slightest value, whilst mercury undoubtedly exercises a most important influence on the evolution of the disease; but in this stage, which is commonly spoken of as the tertiary stage of syphilis, the value of iodide of potassium is just as unquestionable as is the value of mercury in the earlier phases of the malady. It is a very important question for us to settle—if settle it we can—What is the value of mercury in this after-stage of syphilis? Suppose we see a patient with well-marked rupia, with periostitic pains, and other signs of tertiary syphilis, who, nevertheless, has not taken mercury, what should we do? The first thing to note is that such symptoms, though usually sequelæ, may occur in the active stage of syphilis; and as long as syphilis is active, mercury will be of use; but as soon as the active symptoms have passed away, and the so-called tertiary stage begins, we must abandon the attempt to cure by mercury—we must give iodide of potassium. It is not always easy to say where the one stage ends and the other begins, but, broadly speaking, tertiary syphilis or the sequelæ of syphilis may be laid down as beginning with the stage of gummy deposits; and wherever these exist, iodide of potassium, and not mercury, should be given.

There is one matter of great interest with regard to the giving of iodide of potassium in such cases. Under ordinary circumstances, if we give a patient a dose of fifteen grains three times a day, we shall soon have him running at the nose and eyes, and with a rash all over his skin; but in the sequelæ of syphilis we may give him twenty, thirty, or even sixty grains every four hours, and only benefit accrue. There is no rash and no other symptoms of iodism. But iodide of potassium is not the only remedy to be given in such cases. Iron and quinine are always of service, as we might almost conclude *à priori* from the pallid and anæmic look of such patients; but cod-liver oil seems often of even greater value, as it is in chronic rheumatism. But, over and above these, sarsaparilla is of undoubted efficacy. Many people think little of its effects, and are inclined to sneer at its use. This most frequently arises from the mode in which it is given, for the decoction should be administered, not by the ounce, but by the pint; and, so given, its value is great.

It is therefore of the first importance to be able to recognise the stage in which a patient is at the time when seen. Whatever the nature of the symptoms of syphilis, if the disease is in process of evolution, mercury will do good; but if that be past, and only the sequelæ left, it will as certainly do harm. Then is the time for iodide of potassium and sarsaparilla.

IPECACUANHA IN INFANTILE DIARRHŒA.

BY ROBERT FARQUHARSON, M. D.,

Physician to the Belgrave Hospital for Sick Children.

Although Ipecacuanha had long been known to possess some influence in checking excessive intestinal evacuation, it is only within the last few years that its powers in this direction have been accurately defined. Mr. Docker was, I believe, the first to point out that this drug may be relied upon as a true specific in cases of acute dysentery; and ample confirmatory evidenee has now established the fact beyond all possibility of doubt.

Dr. Ringer, in his suggestive work on *Therapeutics*, tells us of the signal service rendered by small and frequently repeated doses of the wine in various forms of infantile diarrhœa; and Dr. Thorowgood, in the last volume of the Clinical So-

ciety's *Transactions*, has furnished the details of two cases of very inveterate dysenteric diarrhœa, rapidly cured by powdered ipecacuanah. Acting on the hints supplied by these able observers, I have recently been giving this remedy a full and impartial trial in a considerable number of cases of diarrhœa at the Belgrave Hospital for Children,and with results so satisfaetory, that I feel myself justified in laying my experience briefly before the profession.

Without entering at present into the wide field of the varieties of this troublesome affection, or the endless forms of treatment which have been proposed, I shall, in the first place, lay down the familiar proposition, that many of these cases are due to the irritation of some unwholesome or ill-digested article of diet. If, therefore, we can see our little patients early enough, the common sense indication is clear, and we can usually effect what we may really flatter ourselves is a cure, by prescribing some mild aperient. But it is very rarely that our services are required at this manageable stage; and, as a general rule, domestic, and, perhaps, even more skilled, treatment has been exhausted in the endeavor to check what has now become a chronic diarrhœa. The time for elimination having gone by, for it is hardly reasonable to suppose that irritating matters can linger about the intestines after days or weeks of active purging, we are bound to try the other remedies at our disposal. Now, as a rule, I have found that the diarrhœa of children does not bear astringents well.

Temporary benefit may seem to be derived from one or other drug of this class; but, after a few days, the purging returns as badly as before, and the patients suffer, as they often do, under the ill-considered use of strong tonics, with headache, dryness of tongue, and slight feverish symptoms. We are, therefore, compelled to change our treatment from time to time; and, even after a careful trial of various and widely-contrasted pharmacopœial preparations, we may find that we are making no progress, and that the patient is being gradually exhausted by a number of dark, loose, and offensive evacuations. Ipecacuanah will here do us good service, and a very few doses will usually not only improve the character and consistence of the aldine discharges, but greatly diminish, or quite check, their abnormal frequency without causing subsequent torpor of the bowels.

Dr. Ringer has well shown that in those few cases in which the drug does not absolutely stop diarrhœa, it causes the motions to become more solid and of natural color, and that, no matter whether they be originally brown, green, or yellow, this beneficial result is produced. But my experience leads me to add, that ipecacuanah is not only quite useless, but may even do harm in those cases where the evacuations are whitish and watery. It is not uncommon, however, during cold or damp seasons of the year, to meet with diarrhœa in which dysenteric symptoms prevail, and where a previously healthy child is suddenly seized with purging of blood and slime, attended by great abdominal pain, tenderness, and tenesmus. We will here find that ipecacuanah exerts almost a specific action; and I have even found that a single dose of one grain has been sufficient to bring about most marked improvement in these troublesome symptoms.

I have invariably made use of the powder in preference to the wine; and this I have done, not only because Dr. Ringer has quite established the merits of the latter preparation, but because its powers were recentyl developed in the most satisfactory way by the rapid recovery of a very severe case of tropical dysentary under the care of my colleague, Dr. Anstie. I was, therefore, desirous of testing the true efficacy of the powder; and my comparative experience has shown me this, that it is more certain, as weil as more rapid in its action, is better borne by the stomach, and, from its form, is more readily taken by children. I have often found the wine to fail where the powder has subsequently done good; and, as a general rule, I find it advisable to begin with doses of not less than from half a grain to one grain. Usually, there is a remarkable toleration of the drug, and I have frequently given five grains to quite young children without provoking even the slightest nausea. The combination with compound tragacanth powder, as proposed by Dr. Thorowgood, is a very good one; and, if a mixture be preferred, we may construct a very palatable prescription, with mucilage, hydrocyanic acid and syrup of orange-peel, with, perhaps, a little compound tincture of cardamoms. The hydrocyanic acid I am inclined to look upon as of some little importance, as a trial of this remedy, in conjunction with ipecacuanah wine in cases of whooping-cough, has convinced me that it neutralises in some measure the emetic action of the ipecacuanah; and, although I have just stated that the use of the powdered drug in comparatively small doses very rarely irritates the stomach, it may cause this unpleasant action now and then, and the combination just referred to may be of service in those more serious cases where the remedy is employed on a much larger scale.—*Brit. Med. Journal.*

ADMINISTRATION OF PODOPHYLLIN IN HABITUAL CONSTIPATION.—Van den Corput recommends the following formulæ:—1. Podophyllin, 20 centigrammes (3 grains); soap, 1 gramme (15 grains); essence of fennel or of canella, as many drops as are sufficient; the mass to be divided into ten pills, of which from two to four are taken daily. 2. Podophyllin, 30 centigrammes (4½ grains); ex-

tract of nux vomica, 50 centigrammes (7½ grains); extract of belladonna, 30 centigrammes; to be divided into ten pills, of which two or three are a daily dose.

ON CASES OF TEMPORARY ALUMINURIA, THE RESULT OF COLD BATHING.

At a recent meeting of the Clinical Society of London, Dr. George Johnson read a paper on this subject. (*Med. Times and Gaz.*, Dec. 13, 1873.) The first case was that of a medical student, aged 22, who about noon on June 19, after bathing for a quarter of an hour in the Marylebone Bath, had a sense of fatigue and headache. Four hours after the bath the urine was tested and found albuminious. In the evening there was still a trace of albumen. The next day the urine was normal, and continued so until June 28, when he again bathed. The bath was again followed by headache, and in the course of the day the urine was found albuminous. From that date until July 17, every specimen of urine passed was tested, and albumen was present at some period of the day on all but five days. Since July 17 the urine has remained normal. The subject of these observations is in good health, and has never been seriously ill. The second case was that of a medical student, aged 25, who, one day in July, bathed in the Lambeth Bath for an hour. He felt no inconvenience. The urine passed an hour after the bath contained a sixth of albumen. The urine was not tested again for three or four days, when it was found normal. The experiment has not been repeated. The third case was that of a medical student, aged 23, who, on three occasions, found his urine normal before bathing in the sea in August and September, and on each occasion, after remaining in the water from a quarter to half an hour, found a moderate quantity of albumen in the urine. In a few hours this had disappeared. He felt no inconvenience from the bathing. Four other students, after bathing from half an hour to an hour, and on one occasion for an hour and a half, found no albumen in the urine. The fourth case was that of a boy, aged 16, looking pale and feeling languid, who was found to have albumen in the urine to the extent of one-eighth on June 28. It was of pale colour, and contained no casts. On September 23, when next seen, only a trace of albumen remained. On October 23 the urine was quite normal. Until within a few days of the time when the albuminuria was first discovered, he had been bathing almost daily in the sea from half to three-quarters of an hour at a time. He had felt fatigued and chilled, and on one occasion had vomited after coming out of the water. The only previous illness had been diptheria ten years before. The transient albuminuria is believed to have been caused by the repeated and prolonged immersion in cold water; and it is suggested that, as acute Bright's disease is not unfrequently excited by exposure to cold and wet, there is danger lest the frequent recurrence of temporary albuminuria, the result of prolonged cold bathing, and the consequent repression of the cutaneous secretion, may lead to permanent mischief and to structural degeneration of the kidney.

PROFESSOR HUXLEY ON MEDICAL EDUCATION.

In his address last Friday, as Lord Rector of the University of Aberdeen, Professor Huxley advocated the establishment of a full Faculty of Science in all Universities, and urged that the study of science should enter into the curriculum of the Faculty of Arts. What he had to say was forcibly expressed, as is his wont, and the address is cheering evidence that he has recovered completely from his late illness, and that his intellect is as clear as ever. There were other topics, too, of medical interest touched upon, especially the recognition of the extent to which the English Universities had encouraged science.

But the great question for us was that of medical education, in respect to which the Lord Rector expounded his views with great force, and, although those views are pretty widely known, their reinforcement on such an occasion demands notice at our hands. Professor Huxley is himself a medical man, and he therefore approaches his subject with the necessary knowledge of the uses and defects of the existing curriculum, and though he would make many changes, he is not unmindful of the progress that has of late years been made. He would have the student enter on his professional curriculum with a superior preliminary training, and then would allot his time in a manner calculated to make him a good practitioner of his art. If the learned Lord Rector had the power of remodelling our present arrangements he would have the student devote his first two years to nothing but thorough study of anatomy and physiology, with physiological chemistry and physics, and having gone through an examination in these subjects, he should be troubled no more with them. His whole mind should then be given with equal energy to therapeutics in the broadest sense, to practical medicine and to surgery, with instructions in hygiene and in medical jurisprudence, and of these subjects he should show knowledge in his final examination. He maintained that if the general culture obtained in the Faculty of Arts were what it ought to be, the student would have quite as much knowledge of the fundamental principles of

physics, of chemistry, and of geology, as he needs, before he commenced his special medical studies. Moreover, he urged that a thorough study of human physiology is in itself an education broader and more comprehensive than much that passes under that name. There is no side of the intellect which it does not call into play, no region of human knowledge into which either its roots or its branches do not extend; like the Atlantic, between the old and the new worlds, its waves wash the two shores of the two worlds of matter and of mind.

"Through its waters as yet unfurrowed by the keel of any Columbus, lies the road, if such there be, from one to the other, far away from that north-west passage of mere speculation in which so many brave souls have been hoplessly frozen up. If a man could live for a thousand years he might do a number of things not practical under present conditions. Methuselah might with much propriety have taken half a century to get his doctor's degree, and might very fairly have been required to pass a practical examination upon the contents of the British Museum before commencing practice as a promising young fellow of about two hundred years or thereabouts; but the medical student had but four years to do his work, and was turned loose to save or slay, at two or three-and-twenty.

While he proposed to exclude zoology and botany from the compulsory study of the medical student, Professor Huxley would suggest their exclusion from the Universities. He thought that biological instruction should form part of the Arts curriculum, and also of the curriculum of his proposed Faculty of Science. One of the greatest wants of our times, that of proper support and encouragement for original research, would thus in some measure be provided for. In this respect, he thought, Britain, whose immense wealth and prosperity hang upon the thread of applied science, is far behind France, and infinitely behind Germany. Assuming that such a Faculty had been established, and the professional staff organized, the question arose whether the professorial system—the system of teaching in the lecture room alone, and leaving the student to find his own way when he is outside of the lecture-room—was adequate to the wants of the learners. To this question he answered emphatically, "No." There must be a laboratory work, practical work, and plenty of demonstrators. Thorough examination is indispensable, though he was almost inclined to think that the examination was a necessary evil, and his admiration for the existing system did not wax warmer as he saw more of it. "Examination, like fire, is a good servant but a bad master." No doubt a great deal is to be done by the careful selection of examiners, and by the copious introduction of practical work to remove the evils inseparable from examination, but under the best of circumstances he believed that examination will remain but an imperfect test of capacity, while it tells next to nothing about a man's power as an investigator. There was much to be said in favour of restricting the highest degrees in each Faculty to those who have shown evidence of such original power by prosecuting a research under the eye of the professor in whose province it lies, or at any rate under conditions which should afford satisfactory proof that the work is theirs.

Coming from a man who has reached the position that Professor Huxley now fills in the world, we can scarcely close our hearts to the hope that this appeal may be heard. Few medical men but know how true is his own account of the imperfection of examinations as tests of capacity. It is, however, to be remembered that medical examinations have lately become more practical, and we are inclined that the future lies in giving more prominence to the clinical examinations of late years instituted, and regulating book work to the earlier period of education. This would be moving in a direction to attain the end sought by Professor Huxley.—*Med. Press and Circular.*

REPORTS ON LIFE ASSURANCE.

Our first report, issued last month, laid down the doctrine that the "labourer is worthy of his hire" in the Department of Life Assurance as well as in other branches of the medical art. We are almost surprised to find that this has been challenged, though in rather an unusual mode. An esteemed correspondent of *The Doctor* having drawn the attention of the actuary of a large company to our reports, has received from him a letter deprecating the view we have adopted. As it is desirable the exact defence of the non-paying offices last put forward should be understood, we quote the words addressed by this actuary to our correspondent.—He writes thus:—

"The Life Assurance Department of *The Doctor* begins very badly for assurers and assurance companies, by laying it down as a rule for the guidance of the medical profession that its members are never to fill up a form for an assurance company without a fee. Now, this is an erroneous doctrine, for it very often happens that proposers, in giving reference as to health and habits to a *private friend* name a medical man, and he in some cases won't fill up a *private friend's* report form without a fee; the result is annoyance to the proposer and the office, delay to both, and probably an ill-feeling between all the parties; for how can the doctor expect to be friends after with a gentleman for whom he refused to do such a slight service? or, how can he expect any business for which he would be entitled to payment from the office which he treated so unreasenably? Any man who can read and write can fill up a *friend's*

report. It is not necessary that he should be a doctor or belong to any profession, and therefore, when a doctor is asked to act for a friend in the *capacity of a friend*, I don't see that he has any right to demand a fee simply because an insurance company is in question. He might as well ask a fee for acting as reference for a friend taking a house or a farm, or entering into any engagement in which a reference would be necessary.

"If you think well of enlightening the profession on this matter, you may do some of them *a service*. I fear *The Doctor's* doctrine is calculated rather to increase the evil I refer to."

Now here, be it observed, the position that a *medical* report ought not to be paid for is completely abandoned, and we are told that such a friend's report, as any one who can read and write could fill up is sometimes refused without a fee. Most medical men know the difference between a medical report and a friend's reference. Where the applicant has a right to give such reference as he would in taking a house, we can understand a doctor replying without a fee. No medical report can honestly be filled up without an examination of the patient at the time, and every office expects such examination to be carefully made, and all the numerous questions honestly answered. A friend's report is altogether different, though it is scarcely such a reference as would be required in letting a house, for it usually asks about the person's habits and apparent health. Of course, only an unskilled reply is expected, and if we consented to fill up such a form we should never think of examining the patient or asking him a question likely to elicit anything prejudicial to the applicant. We might thus fill up a certificate for a person we had never professionally or about whose health we had heard nothing. It is altogether different if the office applies to the doctor of the applicant, because he has already professional knowledge obtained by his attendance, and it is doubtful whether such knowledge should be sought. Any company thus attempting to obtain unfair advantage runs such a serious risk of getting a number of bad lives that we would recommend all who desire to insure to avoid that office, for it is the interest of those insured that the company should be stable.—*The Doctor.*

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, LONDON.

Dr. C. J. B. Williams, F.R.S., President, in the Chair.

Mr. John Wood showed two cases of complete ectopia vesicæ with epispadias, which had been operated on with success by his plastic method. The patients were brothers, aged eighteen and twelve years respectively. The elder had a very wide interval between the pubic bones, the superior rami being separated of the extent of five inches, leaving a large mucous surface to the bladder and the orifices of the ureters uncovered, and discharging blood and mucus. The younger was a smaller and more favorable case. Two plastic operations had been performed on each in King's College Hospital. The first consisted of a reversed flap of skin taken from the umbilical region, large enough to cover the exposed bladder, and turned down with its skin surface towards the mucous membrane. The skin of the flap was in this situation quite devoid of hair, as is usual in these cases. Two other flaps of a lancet shape were then taken, one from each groin, with the bases downwards, and placed upon the raw surface of the reversed flap. They were held together by harelip-pins and wire sutures. The second operation was effected by the transplantation of the anterior three-fourths of the scrotum from below the malformed penis to its upper surface, covering in the urethral epispadiac groove and forming a very complete prepuce, through and under which the urine flows, and completely enveloping the glans penis above and at the sides. The elder patient had had two attacks of erysipelas during the treatment, which prolonged the period of convalescence and necessitated his leaving the hospital for an interval. The younger, who was treated at the same time, proved somewhat intractable in the insertion and management of the india-rubber tube used in the after-dressings. The result was, in his case, a small slough at the point of junction of the flaps transplanted at the second operation, which left a fistulous opening. Upon this two operations of a minor and trifling character have been since performed, and is now nearly healed and contracted to a small chink. With this exception the parts are all soundly healed and are being gradually braced up and rendered more resisting by the contraction following the operation. The patients are about, have made a shield to fix on to the restored penis, and an india-rubber urinal attached, fastened to the leg like a railway urinal, an instrument which, in other cases operated on by Mr. Wood, has kept the patient dry and comfortable.—*The Doctor.*

THE MEDICAL ELEMENT IN THE COMING PARLIAMENT.

The *Medical Press and Circular* of July 4th, 1874 contains the following:

Despite the retirement of Sir Dominic Corrigan, the refusal of Sir H. Thompson to contest for the London University, and the death of Dr. Dalrymple, it would appear probable that the new Parliament will contain a representation of the medical

profession as large as that of the defunct legislature. Most of the outgoing medical members are considered to be pretty safe of their seats. Dr. Brady, Mr. Mitchell Henry, Sir John Gray, and other whilom medical M.P.'s will probably meet again at Saint Stephen's and may possibly find themselves in company with one or two new *confrères* from Ireland. Dr. E. Kennedy also—an ex-Master of the Rotundo Hospital—who was a candidate for the representation of Londonderry at the most recent election, has been announced as the Liberal claimant for the seat for the County of Donegal, and Mr, O'Leary, Surgeon to St. Vincent's Hospital, has issued his address as candidate for the borough of Drogheda. The latter gentleman is selected by the extreme nationalist party in the most ultra-national borough in Ireland, having already been identified by family and by personal services with that party. Mr. O'Leary achieved his first public distinction as medical adviser for the successful defence of the murderer of Head Constable Talbot, and, more recently he appeared as witness for the prosecution of Dr. Bennett and Mr. Barton in connection with a death from chloroform at Sir Patrick Dun's Hospital. Dr. Evory Kennedy is a gentleman of high family and ample means, and irrespective of his political tenets, with which we have nothing to do, would be undoubtedly a welcome and efficient representative of medical interests in the House.

We are not prepared to say that strong political convictions ought to be sacrificed to professional considerations, but we do say that those medical men who are not strongly opposed to the political views of a medical candidate are bound to use every effort in their power to sustain and advance the legislative influence of our profession.

[We fully endorse the sentiment expressed in the above paragraph.]—*Ed.*

THE INFLUENCE OF ALCOHOL ON THE TEMPERATURE.

The numerous experiments made by Riegel under the greatest possible precautions against the fallacies of previous investigation as to the action of alcohol upon the body heat, confirm, in main, those already obtained by Binz and Bouvier. In small doses, alcohol reduces the temperature—mostly 1-16th of a degree, C.—for a short time, both in the non-febrile states, as in typhoid, erysipelas, pneumonia, and actuate articular rheumatism. In rare cases an elevation of temperature in like degree ensues. In convalescent patients the full is usually less; sometimes does not occur at all. Also in drinkers it is noticed that there is no reduction. The larger the dose of alcohol, the more marked is the reduction in definite limits. If alcohol may not then be regarded as exactly afebrile, as claimed in England, it is still settled that it never elevates the temperature to any extent, what so much feared by the practitioner. As it lessens the destructive metamorphosis in the body, and, as it reduces the amount of consumption, it should be given in the earlier stages of acute diseases. The authors secured particular accuracy in his results by not contenting himself with a comparison between the normal temperature curve with the alcohol curve, but by making a special examination before every experiment with alcohol. Thermometers were inserted both in the axilla and rectum at the same time as the mobility of the instrument in the axilla invalidates conclusions in long continued observations.—*Deutsches Archiv.—The Clinic.*

A CASE OF SUDDEN DEATH QUICKLY FOLLOWING THE INJECTION OF PERCHLORIDE OF IRON INTO A NÆVUS.

BY W. B. KESTEVEN, F.R.C.S.

Fatalities are often more instructive than success in surgery. They point to sources of danger to be avoided, and compel us to cast about for conditions of safety. For these reasons I have thought that it might be advisable to add the following to the list of casualties that has been recorded in connexion with the treatment of nævi by the injection of perchloride of iron.

On April 3rd, 1873, I injected with perchloride of iron a nævus on the head of an infant aged nine months. The nævus was of a circular form, was situated on the top of the head, over the upper border, and middle line of the frontal bone, and was about three-quarters of an inch in diameter. No ill effects followed, and the operation was apparently successful. In about three months afterwards, however, a reappearance of the growth began to show itself, steadily increasing in extent, so that six months after the first injection it was determined to repeat the operation. By this time the fontanelle was closed, and the child in average health, save that it was excitable, and subject to child-crowing. On Oct. 4th five minims of perchloride were taken up in a graduated syringe with a screw piston, and, my son assisting me, three minims were injected; the rest escaped from the wound. The child cried a good deal during the few seconds occupied by the operation. In an interval of time, it may have been a minute, it again began to cry, then suddenly turned pale and was slightly convulsed, at the same time that it began a series of eight or nine shrill laryngismal

cries, attended with distinct struggles to recover its breath, which suddenly ceased in death. The whole time that elapsed from the first insertion of the needle to the child's death could not have exceeded five minutes.

In *The Lancet* for August 17th, 1867, Mr. Thomas Smith, of Bartholomew's has collected several fatal instances following shortly upon the injection of nævi with perchloride of iron. In these cases the nævi were situated upon some part of the face, or near the veins in the neck. As the result of these fatal consequences, Mr. Smith concludes.—"Sufficient is know of the effect of the possible admixture of perchloride of iron with the general circulation, from injecting nævi on the face to justify us in rejecting it as a remedy for nævi in these parts, unless, by pressure or by the employment of some instrument, the circulation in the growth is controlled, at least for some time."

In the above-mentioned case, the child, as already stated, had been the subject of laryngismus, in a paroxysm of which, doubtless, it died. I had no opportunities of ascertaining by post-mortem examination whether coagulation of the blood in any veins had occurred, but since no accident followed the former injection, and as the nævus was far away from the veins of the face and neck, I am of opinion that death in this instance was not the result of embolism, but took place from spasm of the glottis, induced by mental emotion. A fatal result would, I believe, have followed had any other mode of operation been employed.—*Lancet.*

TREATMENT OF TYPHOID FEVER.

M. Behier in his opening lecture described his method of treatment of typhoid fever. His treatment consists of hydrotherapy and alcohol, which, with certain exceptions, he employs indiscriminately in all cases of typhoid fever. He avers that he is an enemy to uniformity of treatment in any affection; but, as he has found nothing better than the above in typhoid fever, he feels himself justified in continuing the practice, much to the dismay of the patients unaccustomed to this system of treatment, and of French physicians in general, who look upon it as cruel and irrational. He went on to explain the *rationale* of the above treatment, which, he said, was refrigerant in the true sense of the word; and, although he would not push the cold baths to the extent of the German doctor (Brand) of Stettin, who administered, on an average, six or eight baths a day to his typhoid patients, yet he thought that one a day, or one in two days, as practised by some physicians, was simply absurd. M. Behier prescribes three baths a day, at a temperature of 68 degs. Fahr., in which the patient remains fifteen or twenty minutes at a time. Dr. Brand, with the exception of intestinal perforation, admits of no contra-indication in any condition of age or sex for the employment of the cold bath in this affection; but M. Behier is a little more prudent, and to intestinal perforation he would add old age, pregnancy, menstruation, as conditions in which it would be unsafe to employ the cold bath. In every other case, however, without distinction of age or sex, M. Behier has recourse to this heroic remedy in typhoid fever, even in pulmonary complications; and, although he does not go so far as the German physician—as to look upon it as a specific in this affection—yet it has proved almost infallible in his hands. As for the alcoholic part of the treatment, he stated that he would not stop to inquire whether the alcohol acted as food or as medicine, as this much-vexed question is far from being settled; but, from his own clinical experience, he has found it an invaluable remedy in typhoid fever and in all inflammatory affections, whether acute or chronic. In typhoid fever, he prescribes eighty grammes (about two and a half ounces) a day of brandy, with an equal quantity of water, which is administered in doses in twenty-four hours. This, in the Paris hospitals, is called Todd's mixture, and was first introduced by M. Behier into French practice.

Professor See, however, is not so enthusiastic as to the curative powers of cold baths and alcohol in typhoid fever; he employs both with great reserve contenting himself with an occasional cold bath, or sponging the body of the patient with vinegar and water, and, instead of brandy he prescribes wine and water, administering, at the same time, small and repeated doses of quinia.—*British Medical Journal, Med. News and Library.*

Medical Items and News.

Iced Water Enemata in Dysentery.—Dr. B. Wenzel has related in the *Berl. Klin. Woch.* a series of successful cases of dysentery treated by enemata of iced water. They arrested both hæmorrhage and tenesums, and reduced pyrexia, and after one trial, a patient would call for another enema as soon as pain recurred. Only rarely was opium given, the treatment being confined to the iced water alone. In acute cases he cured. In old chronic cases the benefit was temporary, as in all other modes of treatment. While, therefore, this plan gives relief in chronic cases, Dr. Wenzel concludes that in acute or recent cases it is the most effective at our disposal.—*The Doctor.*

Intentional Fracture of the femur to Equalize the length of the Legs.—Professor Rizolli, of Bologna, has treated with entire success four cases of shortened femur, by fracturing the bone of the sonnd limb and shortening it to

the same length as the other. In one case, a girl, prior to the operation, scarcely touched the floor with the great toe of the shortened limb. The *N. Y. Med. Record*, on mentioning the case, refers to a surgeon of New York, though without naming him, who has long since exsected a portion of the femur in a sound thigh, for the purpose of shortening it to an equal length with the other femur. This was prior to the European operation.—*Pacific Med. Journal.*

Administration of Ether.—At the Bellevue Hospital, New York, the administration of potass, gr. xxx, previous, and the same amount immediately following, or as soon as the patient can conveniently swallow, after the administration of sulphuric ether for the purpose of producing anæsthesia, is now regularly resorted to. The effect is to prevent the vomiting which so commonly follows the use of the anæsthetic.—*Medical Record*, January 1st, 1874.

Turpentine an Antidote for Phosphorous.—It appears to be well established that turpentine combines with phosphorous both in the stomach and in the blood, forming an almost inert turpentine-phosphorous acid. One part of phosphorous is more than neutralized by 100 of turpentine. The antidote should be given for several days. Fats, oils, and milk, must be avoided, as they dissolve the phosphorous and increase its activity. A patient recovering from phosphorous poisoning under the use of turpentine, was killed by a dose of castor oil given as a purge. —*Pacific Med. Journal.*

A Modern Opinion of Anesthesia in Labor.—Dr. Leishman, in his late work on Obstetrics, says :—The question of anathesis seems to us to stand thus : In eclampsia, in some cases of mania, and in all cases of operative midwifery, it is, without exaggeration, invaluable. In ordinary cases it is always to be used with caution, but if employed in small quantities on a handkerchief on the approach of each pain, towards the termination of the second stage, it can never do harm. It thus allays pain and assuages nervous irritability ; and in the hands of the skilful practitioner, it is a power for good and never for evil.

Extirpation of the Entire Larynx.—This operation, which is probably the first that has ever been performed by any surgeon, was successfully carried out by Billroth on the 31st of December, 1873.

The patient, a man of forty years of age, had repeatedly consulted Dr. Stoerk, of Vienna, for cancerous growths within the larynx. By the aid of the laryngoscope portions were removed from time to time, and the patient was greatly relieved. In the commencement of last November the mass had extended so rapidly that further operations from above were regarded as useless, and, after consultation it was decided to open the larynx from without. The cavity was exposed, the growths removed, and the base thoroughly cauterized.

The patient recovered rapidly, and for a time the prospects were encouraging. Before, however, a month had elapsed, new growths were detected by the laryngoscope, and suffocative attacks became so freqnent that all further operative procedure was abandoned as hopeless, and the canula was introduced with the hopes of prolonging the patient's life a few months. At this time the vocal cords were entirely destroyed, and the larynx was entirely filled with cancerous masses. As the glands, however, were not involved, the possibility of successfully removing the entire larynx then suggested itself to Billroth, and he felt himself further justified by the fact that experiments made upon dogs by Czerny had proved the practibility of the operation. It was accordingly done, and at the latest dates the patient was doing well. He breathes easily through a canula, which was passed into the trachea. There had been little fever, and the wound was contracting and healing favorably.

If the case continues to progress well, it is proposed to substitute a larynx of vulcanized rubber in place of the one removed.—*Wien Medical Woch, 2, 1874.—Medical Record.*

The Honorary Membership of the Ontario Canada College of Pharmacy has, by the unanimous vote of the Council, has been conferred on Dr. W. Handsel Griffiths, author of "Notes on the Pharmacopœial Preparations," "Posological Tables," and other works.

Treatment of Tinea Capitis.—M. Bourbier recommends as one of the most successful applications in this troublesome affection the use of carbolate of soda, the head to be first completely cleansed, the hair clipped closely, or shaved, and then a pomade containing this substance in various proportions to be freely applied.—*Med. Press and Circular.*

The seventieth birthday of the venerable and distinguished Rokitansy was celebrated at Vienna last week. On that day the Professor was fêted by the Vienna Academy of Sciences, and received the most honourable decorations from the emperor of Austria and the King of Italy. There is, probably no man of science now living on whom such honors could be as deservedly conferred, and even the eulogia which it is the continental fashion to pronounce on such occasions, lose their usual character of fulsome praise and assume that of a meagre justice to labours so vast. talents so great, and age so venerable.—*Med. Press and Circular.*

It is stated with authority that the General Medical Council, which has been for so long lodged in the dingy precints of Soho Square as the subtenant of the Dental Hospital, has at length acquired a permanent habitat. It will be recollected that Mr. Lowe could not be brought to see that the Council is a public department of sufficient importance to deserve a suitable lodging at the expense of the State. Under the auspices of the new Government the Council has been put in possession of the buildings that were occupied by the Royal College of Chemistry in Oxford Street, and the alterations and refitting of them, so as to make them suitable for so august a body, will be immediately commenced.—*Med. Press and Circular.*

Rest in Locomotor-Ataxy.—In the July number of the *American Journal of Medical Sciences*, Dr. Weir Mitchell insists on the great benefit of rest in the above disease. In cases of locomotor-ataxy in which the occurrence of various accidents, such as fracture of a leg, had compelled the patients to take absolute rest in bed during some time, the symptoms, and especially pain, were considerably amended, and in some instances the course of the disease was impeded or slackened. One case was experimentally conducted. A sufferer from an intense attack of the disease was subjected to absolute rest, without any other kind of treatment, and considerable amendment of all the symptoms was the result.—*London Lancet.*

Treatment of Sore Nipples.—Few of the diseases attendant upon the parturient state are more annoying to the physician than sore nipples. The following remarks on the subject, from Prof. Barker, of Bellevue Hospital *(New York Medical Record,)* will be of material assistence to the perplexed practioner who wants to know "what to do."

"If the nipple is inflammed apply a poultice until the inflammation is subdued, and then apply a solution of nitrate of lead in glycerine, ten grains to the ounce. This is also the most complete and perfect prophylactic against the occurence of sore nipples that I know of. This solution should be applied immediately after nursing, having first washed the nipple perfectly clean. It may be used even stronger, 15 grs, or even 3 i., but as a rule 10 grs. is sufficient.

If there is an abrasion or raw surface, it must be protected. For this, nothing has succeeded better with him than comp. tinct. benzoin. Wipe the nipple dry after the child has nursed, and apply with a camel's hair brush four or five coats of the tinct. When the fissure is at the base of the nipple, very small it may be, but accompanied by most severe and agonizing pain, touch the fissure with a fine point of nitrate of silver, and apply over it the tinct. of benzoin as before. If the inflammation and ulceration have destroyed the surface of the nipple, remove the child from the breast and use the breast pump, or empty the breast by rubbing.

He then uses: ℞ Rose ointment, ℥i: carb. magnesia, ℈i: calomel, gr. xxx, M. Rub together carefully, and it is better to have it prepared every twenty-four or thirty-six hours. If the child nurses at all, it must be through an artificial shield, the best of which is made from the cows teat. If these are not procurable, use one with a broad base, known as the L shaped glass. The ordinary ones are simply abominable.—*Southern Medical Record.*

The Siamese Twins.—The examination of the bodies was conducted at the College of Physicians, February 18th, by Drs. Pancoast and Allen. They were pronounced to belong to that species of monstrosities techanically called *Omphaloxiphodidymus.*

The band which united them was four inches long and eight inches in circumference. Processes of the peritoneum ran up to the median line of this band, but there was a complete separation of the peritonial cavities at this line. The hypogastric arteries under the interior walls of the abdomen distributed branches from each body into the band. The ensiform appendices of the sternum were united in the median line by a continuity of cartilaginous structure, but not by any true articulation. A vascular connection between the two bodies was demonstrated by injecting colored plaster into the portal circulation of Chang, which appeared in the portal circulation of Eng. The track of this injection passed beneath the peritoneal prolongation of Chang, and above that of Eng; and although little parenchymatous structure was present, no reasonable doubt existed but that the communication between the two circulatory systems was free. Donbtless the peritoneal pouches referred to contained, when in the fœtal condition, true liver tissue, which, in the progress of growth, diminished and retracted, so as to leave the pouches empty.

The physical condition of the twins was contrasted. Eng was well nourished, while Chang was emaciated. It was the opinion of Dr. Allen that Chang died of cerebral clot, and Eng probably of fright.

The band itself was composed of interlacing muscular and aponeurotic fibres passing across the median line and inserted into the enisform cartilage of the opposite twin.

Such is a brief description of the nature of the connecting band of the twins. It shows that while a separation in life would not have been necessarily fatal, it would have been extremely perilous, and they did wisely in refusing to submit to it.—*Medical and Surgical Reporter.*

THE DIAPHORETIC TREATMENT OF BRIGHT'S DISEASE.—In a paper read at the last meeting of German Naturalists and Physicians, Dr. Koloman Muller described some experiments which he had made on dogs with regard to the antagonism between the skin and kidneys. He introduced cannulæ into the ureters of the animals, and counted the number of drops of urine which escaped in each minute. The hair of the animals having been shorn off, compresses dipped in hot and in cold water were applied to the skin; the former always diminished the renal secretion, while the latter increased it. In one case, the normal rate of urinary discharge was thirty drops in a minute; the application of cold to the skin for fifteen minutes increased the number to forty-one drops. In another case, where the normal rate of secretion was twenty-six drops, the application of warmth in ten minutes reduced it to fifteen drops, and in twenty minutes to seven. He therefore concludes that continued diaphoretic treatment relieves the kidney in the inflammatory forms of Bright's disease. To show the palliative effect of diaphoretic treatment on the œdema of the skin in Bright's disease, Dr. Muller mentioned a case where, after being subjected once to the hydrotherapeutic plan, the patient lost ten pounds in weight. Dr. Bartels said that he had observed similar results at Kiel from the diaphoretic treatment of Bright's disease. —*Allgem. Medicin. Central-Zeitung*, January 28.—*(Brit. Med. Journal.)*

Reports of Societies.

HAMILTON MEDICAL AND SURGICAL SOCIETY.

REPORT OF THE COMMITTEE ON THE STATISTICS OF TYPHOID FEVER AND DYSENTERY.

Mr. President and Gentlemen:—In placing before you the following Report, from the compiled statistics of typhoid fever and dysentery, of the past six months,

Your Committee congratulate the Society on the heartiness with which your members entered into the scheme.

On an average, eighteen members have monthly reported their cases to the Secretary.

Next season, should it be your wish to continue the statistics, it is to be desired that the members, without exception, will strive to meet the wishes of the Society, that your efforts to make out the causes, the localities, etc., of these diseases may be furthered by the fullest returns.

It was the intention of your Committee to have mapped out the portions of the city chiefly affected, but this was found impossible, from the fact that while the names of the streets were given, the numbers of the houses, and frequently the divisions of the streets (north and south, east and west) were omitted.

The reported cases of dysentery were so few, that no general conclusion can be drawn from them. The remainder of this report has reference, therefore, only to typhoid fever.

By summing up the statistics which have been laid before you from month to month, the following tables are obtained:

Months.	Cases	SEX.		AGE.		
	No.	Male	Female	Under 15 years.	Betwe'n 15 and 25	Between 25 and 50
6	83	55	28	28	28	23

Class of Disease.			City Water (with drainage).			Well Water (with drainage).			Result Unknown.
1	2	3	Sewer.	Cess-pool	Natural.	Sewer.	Cess-pool	Natural.	
52	21	2	3	7	38	0	3	28	8

Fatal Cases.	SEX.		CONVALESCENT.		
No.	Male.	Female.	No	Male.	Female.
12	8	4	63	37	26

The first reported case occurred on the 13th of July and the last on the 10th of December, and the greatest number between the 15th day of one month and the 15th day of the succeeding month (viz. 41), between the 15th of September and the 15th of October, so that your statistics fully prove that the name "Autumnal" applied to the fever is, for this part of the country, correct.

In all 83 cases were reported, but the results were given in 75 of them, viz.: 12 as fatal and 63 as unfavorable, which shows, as regards the fully reported cases, a mortality of sixteen per hundred. It is, however, altogether likely that the results in the 8 cases which are not fully reported were favorable, and this supposition is borne out by the Government returns, so that the mortality really amounted to 14.5 per 100.

The total cases have been tabulated as follows:

Class of Disease.

1st.	2nd.	3rd.
8	4	0

Age.

Under 15 years.	Between 15 and 25.	Between 25 and 50.	over 50.
6	2	2	2

Months.

July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.
0	1	3	5	2	1	0	0

As regards the relation existing between this disease and the water and drainage accommodation, it will be observed that only three cases occurred in localities favored with the public sewer and with city water; and as about one-sixth of the city is drained, and this portion supplied with city water, the immunity gained by these means cannot be over-estimated.

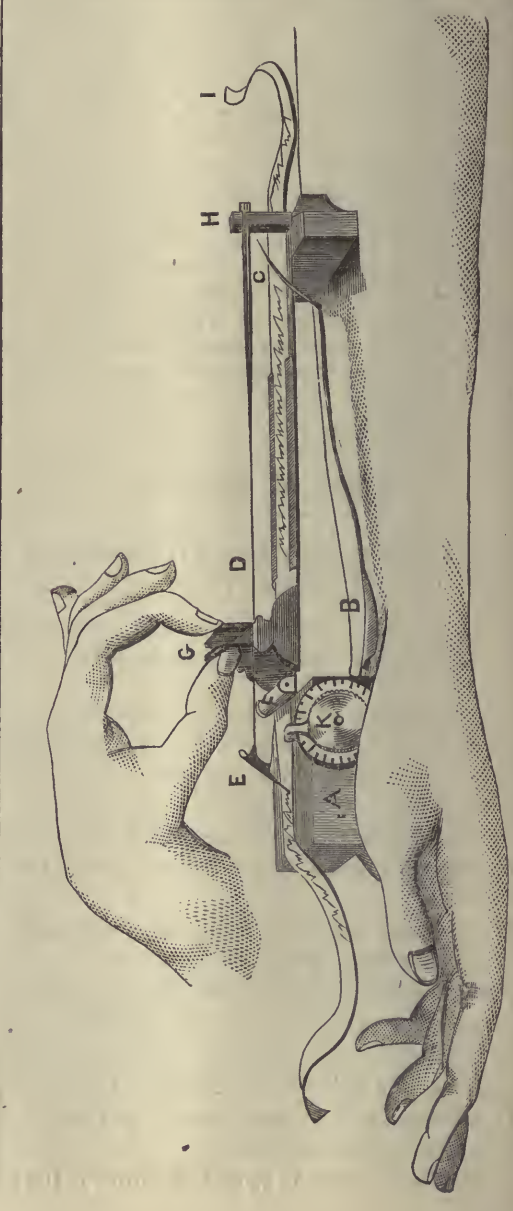
This fact is more apparent, however, when we consider that only three cases occurred among a population of 5,000, taking the population of the city at 30,000, or one in 1,600; whereas 80 occurred among the 25,000 not favored with sewers, but the majority of them with city water—that is, one in 312.

It is believed that two-thirds of the city is supplied by city water, and taking this as correct, though of anything it is below the mark, 20,000 of the inhabitants use city and 10,000 well water. Among these 20,000 48 cases occurred, one in 417, and 31 among the 10,000, or one in 322.

With two or three exceptions all the cases occurred in that portion of the city north of King street, and no cases were reported from the portions of the city laid out and settled of late, viz.: that portion west of the Hamilton and Lake Erie Railway line, north of the Great Western Railway and the old race course.

ARCH. MALLOCH, Secretary. JOHN MACKELCAN, Chairman.

New Instruments.



A PRACTICAL SPHYGMOGRAPH.

BY E. HOLDEN, M.D., NEWARK, N. J.

SIR,—Presuming that to those medical men who have looked with sanguine expectation to the sphygmograph as a means of scientific research, and to all lovers of progress in medical science, the advent of an instrument practical as to expense, durability, and facility of application will be a satisfaction, I send you drawing and description of one which for two years has been used with gratifying success. A crude and imperfect idea of this was once presented in this journal, and since then much time and expense have developed the perfected instrument. That it has been used so long, and after several thousand tracings has required no repair, will perhaps be sufficient evidence of durability; but the profession may be interested in the conclusions grown out of so many observations, and although conscious that a greater multitude of experiments alone can determine the position of sphygmography as a distinct science, yet the following have appeared to me to be facts regarding it:

1st. That it is to be relied upon in many questions of diagnosis of obscure and simulated diseases.

2nd. It furnishes a means of ascertaining the condition of the arterial and venous circulation, the ability of the heart to equalize these, and the extent of impairment in disease of the heart itself.

3rd. It exhibies with accuracy the initiative action of remedies prior to any external and sensible manifestation of the same. Thus, in experimenting with quinine, a half-grain taken dry upon the tongue was found to show an effect upon the circulation as promptly, but in a different manner, as larger and repeated doses. The action of gelseminum and aconite was readily comparable by the tracings taken at intervals of three minutes. *The opening, therefore, of a new field in experimental and therapeutical medicine is at once shown.*

4th. The condition of the nervous system, in its relation to the economy as a vital power, is readily exhibited, and with a dictionary of tracings, such as would result from extended experiments, the instrument may prove invaluable both in prognosis in serious disorders of the brain and spinal cord, and in the diagnosis of the numerous occult affections of these structures.

5th. Such an instrument may prove of great value in life insurance, in ascertaining the eligibility of applicants.

Several facts of a general character have also developed during my investigations, and no one using the sphygmograph can expect to be otherwise than disappointed without fully appreciating them. Thus:

1st. No tracing, however smooth and ample, is of necessity the correct record of the patient. Two tracings in the same minute, *if under different pressures, may differ widely.* Hence it is essential to take several at gradually increasing pressure, *that being accepted which is of greatest amplitude.* Others may then be continued at that degree. (The above instrument is so constructed as to allow of a pressure equal to two or more pounds, and adjustable with the greatest ease without removing.)

2nd. The pressure exerted is so vital an element that tracings of patients at different degrees are rarely comparable.

3rd. Tracings of radial arteries in one patient are not comparable with those of the ulnar, femoral, or carotid in others.

That the profession may have the amplest means of determining the significance of sphygmographic writings, and in the belief that with an instrument easily applied and accurately adjustable in its means of recording the compressibility of the artery (a point in which all previous inventions have been defective),—that with such an instrument a great and new field of medical science is opened, Messrs. Otto & Reynders, of New York, have undertaken to supply it at a price* hardly sufficient to compensate them for their labor; the great difficulty in the way having thus far been the cost of watchwork on this side of the Atlantic, and the limited number likely to be required. Directions for use accompany each instrument.—*Med. Record.*

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* Instrument in case, with one gold pen, $22.

EVIDENCE IN BEHALF OF THE MEDICAL BILL.

We herewith publish the evidence taken before the select committee of the House on the Bill to amend and consolidate the Act relating to the practice of Medicine and Surgery in Ontario.

Daniel Clark, M.D., of Princeton, County of Oxford, being called stated as follows :

That a Bill similar to this was approved by Dr. Campbell, he himself having drafted it, except as to number of Homœopathic representatives in Council, and attributes Dr. Campbell's opposition now to not having been elected President of Council. The reason for the proposed reduction was that the Homœopathic branch only numbers less than fifty, whilst the Allopathic branch over fifteen hundred, and the representatives to the former were five while to the latter twelve. As to the reduction in the number of examiners to nine, it is chiefly on the ground of expense. It cost nearly one thousand dollars ($1,000) for each examination, and recently there has been a change in the mode of appointment so as to economize. As to the Eclectics being merged into the general body, this is on account of there being no essential difference, only nominal. They are to continue to have their representatives during the remainder of the current term, and also for the first term under the new Act. They have five representatives in the Council, and one of them (Dr. Muir) is now the Vice-President.

As to the Assessment clause, Sub-section 4, Section 22, the real intention is, that for the current year an assessment of one dollar shall be made absolute, but that for subsequent years this power should be permissive to be exercised by by-law of the Council, and also as to the amount; but in his own view he would prefer that a maximum should be fixed by the Act. The penal clauses are necessary to protect the public against itinerant unlicensed practitioners; such practitioners also have the effect of deterring students and practitioners from becoming licensed.

Dr. Campbell in the Council has assented to at least ninety per cent. of the subjects; in medical education the distinctive features of different systems being only ten per cent. There is no objection to the Homœopathists retaining their number of five. He did not, personally, place much stress on the difference in medical treatment. He only desired improvement in general medical training and education. Under irresponsible bodies men of great ignorance, both general and professional, were authorized to practise. Under the former system, medical graduates alone amounted to about 180 per annum, while this number is now reduced to between 40 and 50.

Since the present Act came into operation, higher attainments have resulted, the examinations being rigid and carefully conducted. He had conversed with some of the persons who had signed the petitions in favor of the Homœopathic Bill, and they stated that they had done so without having a thorough knowledge of the dispute between the two branches, and if they had known they would not have signed them. This refers to petitions emanating from Woodstock and its neighborhood.

Section 14 of the proposed Bill is one which Dr. Campbell highly approved of, and is a concession on the part of the general profession.

Dr. Aikins was next called, and stated that it will be found that at least 95 per cent. of medical subjects are common to all branches, and only five per cent. involving peculiar theories on the treatment of disease. He produced the curriculum of the Homœopathic Hospital College, Cleveland, Ohio, which showed that the Text Books, except on the medical treatment of disease, are such as are used generally in the medical schools in Canada and the United States. He did not think there could be any objection to dispense entirely with an examination upon medical treatment, and this could be done without danger. Of the registered Homœopathic Practitioners in Ontario, Dr. Campbell is the only one who has a British or Colonia degree.

So far as the Eclectics are concerned they do not differ in any respect from the general profession, the only question being as to the text books, which they claim should be the more recent ones. They obtained authority in 1859 to form a Board, but the members had not previously been licensed practitioners. He also confirmed Dr. Clark's statement as to Dr. Campbell's approval of the working of the Council and the present proposed Bill, excepting the reduction in number of the Homœopathic representation. The reasons for the proposed reduction were as follows :—

1. The general expense attending the examina-

tions and high fees consequently imposed upon students.

2. Their representation was out of all proportion to the number of practitioners.

3. During the five years of the working of the Act there had not been a single student who proposed to be examined as a Homœopathist or Eclectic.

The division of subjects had been fixed by the assent of the majority of the Council and also of the Homœopathic section, and Da Costa's Book on Medical Diagnosis was mutually agreed upon as a Text Book for common examination by all students, and for some years Dr. Campbell has not objected to the arrangements of the subjects of examination, but on the contrary expressed himself as being satisfied that full justice would result to every pupil. The answers to questions are not signed with the students own name, but a number known only to the registrar is used instead.

The reason why no distinctive candidate tor the Homœopathic or Eclectic branch has come up for examination, is on account of ninety-five per cent. of the subjects being common, and from the high standard required. Dr. Campbell has also stated that their Board would not send up distinctive students, but would re-unite with the general profession, and section 14 has been framed with that view.

In the January before the general Act came into effect, the Homœopathic Board passed 16, and the Eclectics 33, indicating a fear on the part of the student that the examinations would in future be more stringent. Neither of these bodies had any teaching school. The Eclectics while having a separate organization passed in 1862, 10; 1863, 5; 1864, 14; 1865, 8; 1866, 37; 1867, 25; 1868, 15, and during the first three weeks in January, 1869, 33.—Total, 147. Of the 147, 105 are registered under the present Act. The Homœopathic body passed in 1862, 7; 1863, 7; 1864, 3; 1865, 4; 1866, 11; 1867, 6; 1868, 4; and in the first three weeks in January, 1869, 16. —Total, 58.

Dr. Parker's Act, which came into force on the 1st of January, 1866, was intended to elevate the standard of the matriculation and final examinations. Of the total number of Homœopathists, 52 only appear on the present register, and three of these reside in the United States. It is important that there should only be one board; and he referred in support of this to Dr. Campbell's letter in the "Globe" newspaper of December 27th, 1872, also the amendments of Dr. Campbell,which appeared in the Bill of last year, was promoted by him. He was opposed to that Bill. He agreed with Dr. Clarke that the enforcement of penalties should be effectual, especially as against abortionists. During the last year, before the present Act came into force, the average number of persons from all sources who were eligible to practice, was 160; while under the present Act the average is less than one-third, and over one-quarter of that number. The effect of the Act was to raise the qualification of the person admitted to practice, and it should yet be higher. The annual assesment was found necessary in relief of the student's examination fee. Actions for malpractice should be limited to a period less than at present, say to one year. The complaint of Dr. Campbell is, that a sufficient number of Homœopathists and Eclectics are not selected as examiners; but that arises from the fewness of the persons who would make satisfactory examiners. The present examining board is required by this Act to be thirteen in number. In 1870, two were Homœopathists, and two Eclectics. They were required to take part in the general examinations. Separate papers were only necessary when the student required his distinctive character to be regarded; but the chief aim was to get examiners of high attainments, and who had made their subjects specialties. After 1870 they took part in the entire examinations, and did not complain as to the allotment of subjects.

The number of the board is too large. In the University of Toronto there are four, and in McGill about eight. There was no difference in Pathology, and it is a common subject for all branches. There has been no complaint from any pupil of partiality. He attributed Dr. Campbell's opposition to his not being elected President. Dr. Campbell's son passed before the Board, in the general subjects. Dr. Campbell's Bill will give a money interest to the granting of licenses, which has been removed by the present bill. On further examation, he repeated the statement that ninety-five per cent. of the subjects of Medical examinations are common to all branches.

Dr. G. A. Carson, a member of the Medical Council, and representing the Eclectic body, was next examined. So far as the clause of the proposed bill, which would absorb their branch in the general profession is concerned, a few of the members of their branch in the Council are in favor of it, but many members of the body are opposed to it, and he would be sustained in opposing it. It numbers 151. He had written to 13, and had received 10 replies—eight opposing, and two uncertain. He had no fault to find with Allopathists as to the examinations, which were fair. It was only in the oral that he knew the men. But few Eclectics came up as such, and he advised them to submit to a general examination. Their objection was, that if the bill passed they would not have a fair representation in the Council, and they had sincere faith in their practice. There are few specialties in their system, but it is hard to draw the line; they think the Allopathists are not at liberty to depart from certain views.

The Eclectics gave up their separate existence under their own Act upon the express stipulation of the present Act, and *they wish that position not to be impaired.*

Dr. Clarke, President of Medical Council, was called, and stated that overtures were made with the Eclectics in the direction of amalgamation. The difference in treatment between them not being essential. They never differed in the Council, and the reason for abolishing the distinction was the expense. He put in a letter from Dr. Muir, Vice-President of the Council, and a representative of the Eclectic branch. A clause should be introduced in the Act to continue their representation for the next five years, according to his understanding with Dr. Muir. The proposition for amalgamation came from him and others of that branch. He did not think there was any essential difference between them. Dr. Campbell expressed himself satisfied with the present Bill, especially clause 14, which was drawn up by Dr. Campbell and himself, and was assented to by Dr. Muir to suit all branches. The subjects of medical study were to a great extent common to all. Dr. Muir and three other Eclectics in the Council, assented, but he would not say that Dr. Carson did, three out of five of the Eclectics representatives assented to this arrangement.

Dr. Carson said in explanation, that he told Dr. Clark that he (Dr. Carson) was willing personally, but that his constituents would not be in favor of it, and he should, therefore, have to oppose it. Dr. Bogart also opposed it.

Extract from Dr. Muir's letter above referred to.

"At the last session of the Medical Council all "this ground was gone over. Dr. Clark knows "my views, and I confide implicitly in his wisdom "and sense of what is right and fair to the members "of the section in the Council, whom (with the ex- "ception of Dr. Carson) I have induced to entertain "the project of merging with the general profession. "Of one thing beware the attempting too much, "or the assumption of arbitrariness towards the "body I represent, or Dr. Campbell may effect an "alliance with them, thereby rendered disaffected "and unmanagable to an extent sufficient to im- "peral the Medical Act."

Dr. Lavell, of Kingston, was also called and corroborated in substance the statements made by Dr. Aikins and Clark.

Dr. Campbell, a member of the Medical Council and representing the Homœopathic body, was called. He handed in a written protest, signed by the Homœopathic members of the Council, against their continuance in the Council, under the present Act. He stated that the members of the school he represented were dissatisfied with their present position, and were opposed to continuing in the Medical Council. That during the past five years no students of their persuasion had gone up for examination, and that they could not be induced to go before a board, the majority of whose members were in the habit of ridiculing the doctrines of their school. He bore testimony to the fairness and impartiality with which the examinations were conducted, and admitted that the objection of their body to remain as at present, was properly expressed by Dr. Lavell as a sentimental one. Another reason was that the education of their students cost nearly double, owing to the fact that they were obliged to go abroad for their education. He also said that the guiding principle of the Council was the extinction of Homœopathy. He complained of the treatment received by them from the Allopaths, both in the Council and outside. That they were debarred from offices of prominence, and that Allopaths refused to consult with them even on points of "Diagnosis," although the Council had decreed by its Act, that "Diagnosis" for the Allopath and Homœopath is one and the same. He also stated that students were called upon, by a recent change in the regulations, to declare the school of medicine to which they proposed to attach themselves, before the examinations commenced, and that Homœopathic examiners had, with one trivial exception, been restricted to their specialities alone.

THE CANADA LANCET:

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TORONTO, APRIL 1, 1874.

UNIONISTS VS. DISUNIONISTS.

We consider it a matter for regret that various members of the profession, who have of late been figuring in the *Globe* and *Mail*, did not consider the pages of Medical Journals a fitter arena for a warfare of this kind, than the columns of daily newspapers, and thus limit at least the ridicule of the public. In a medical journal such a discussion, temperately and courteously conducted, would be to the "manor born"; in a newspaper the disputants are always open to the suspicion of an endeavour to exalt their own personality. The violence of some of these gentlemen in uprooting, or upholding, plainly indicates their respective objects. Some are incensed at the power proposed in Dr. Baxter's Bill of collecting annually from the registered members a paltry dollar or two, for the purpose of creating a fund to provide the Medical Council "a local habitation and a name," and also to establish a museum and library open to the whole profession. Another shudders at the possible desecration of the Temple by the admission of members whose views in theory and practise differ from their own.

It is a well established fact that medicine has never flourished and been cultivated in the highest degree in any country where it has had no legal recognition, and yet in the face of this some of our prominent members have, in the journals above mentioned, recently advocated Free Trade. No man can assume to be a responsible minister of the Gospel without a course of study and ordination from some church organization. No man can practise law without having matriculated and passed the yearly and final examinations at Osgoode Hall, and afterwards contributed a yearly payment of $20 to the law society. No school teacher can be employed by a board of trustees who has not obtained a certificate of qualification. No man can sell whiskey, or peddle goods, or drive a hack without registration and license.

The State then recognizes the right to defend the public from the impositions of certain classes, but not from quack doctors and patent medicine vendors. In this view two members of the profession of different belief in theory and practise, would appear to concur from their letters in the *Mail* of March 7th. One of the correspondents writes: "It is a confession of weakness, nay more an expression of downright cowardice on the part of any sect in medicine, or of any medical man to ask to be legally protected from the competition of others." The other *medico* terms the Medical Council "A mongrel monster, because it was the union of three dissimilar bodies."

This union, so emphatically denounced, was brought about by the disastrous results to the public, from the numerous licensing boards to different schools of Medicine, but was only a union of examination on all the fundamental subjects, Theory and practise of medicine being left to *the representative examiners of the three schools.*

The Cobourg correspondent, an Eclectic, says "The principal studies common to the profession are chemistry, physiology and anatomy, and in these the Reform school now acknowledge no superior." In our ignorance we were under the impression that neither the Eclectics nor the Homœopaths had as yet established schools in the Dominion, that the students of these dogmas repaired to the United States for their peculiar teachings, and we have yet to learn that at these Homœopathic and Eclectic seminaries "no superior professors are acknowledged." The general purport of the letter would also imply that Allopaths are men of one idea, a common condemnation! Is it not possible, however, for the so-called men of one idea to appreciate fully the relative value of the doctrine, and to be unwilling to apply it in season, and out of season? Commenting on this subject, a writer in the *Saturday Review* thus speaks: "Really to possess a single idea and to be capable of impressing it on the world at large is to be a man of genius. To possess two or

more ideas with the same completeness is to be one of those rare intellectual giants who scarcely appear more than once in a century." This correspondent further says, that the principles which they have elaborated into an Art, "confessedly fallible and fluctuating, require further research and investigation, to secure stability and perfection."

With this acknowledgement, and with so little distinctive doctrine, there can be surely only trifling grounds for complaint at their incorporation with the general profession, not an inconsiderable proportion of the members of which, are in practise as much as Eclectic, as those who formally style themselves of that faith.

It has, however, been from the Homœopathic branch of the Science or Art of Medicine, that the fierce struggle for separation from the Medical Council has proceeded, in aid of which the laity were invoked, and to which appeal they so generously responded. To our mind the writing of defences of Homœopathy by unprofessionals, gives the system an unquestionably empirical aspect, as if in fact medicine was thought to be the only thing to be understood without study or experience, that instead of the most difficult it was the easiest of the sciences. Many of the assembled votaries at the "Queen's Hotel" were, we doubt not, distinguished lawyers and merchants, the ladies, possibly the equals of Mesdames de Sevigne, De Maintenon, and De Stael, in vigor and versality of intellect, nevertheless, we much question their knowledge of the very elements of all those sciencs which lie at the basis of medicine, *i. e.* Anatomy, Physiology and Chemistry, and were we Homœopathic doctors, from such knight errants, and gentle evangelists, we should be inclined to exclaim *non tali auxilio, nec defensoribus istis.* That every one meddles with medicine and that there are few who do not think they know a great deal about it, we will illustrate by the following appropriate story from Jobert's *Erreurs Populaires* : The Duke of Ferrara, Alphonso D'Esle, at one time proposed, in a familiar way, the question, in what calling are most men engaged? One said shoemakers, another tailors, a third carpenters, mariners, pettifoggers and laborers. Gonelle, his famous buffoon, said there were more physicians than any other class of men, and made a bet with the Duke, who denied it, that he would prove it in twenty-four hours. The next morning Gonelle left his lodgings wearing a great night-cap and a cravat tied around his chin, then a hat over all, and his mantle drawn over his shoulders. In this attire he took a route leading to the place of his Excellency, through Angel Street. The first one he met asked him what was the matter; he replied that he had a raging toothache. Ha! my friend, said the other, I know the best receipt in the world against it, and told it to him. Gonelle inscribed his name on his tablets, pretending that he was writing down his receipt. A step further on he found two or three together, who all asked the same question, and each one gave him a remedy. He inscribed their names as the first; and thus he pursued his course very gingerly to the end of the street, not meeting a single person who did not offer him a receipt different from the rest, each one saying that his was well established, certain, and nearly infallible. He wrote down the names of all coming to the lower court of the palace, he found himself surrounded with gentlemen (for they all knew him), who, after having learned his affliction, compelled him to take their receipts, which each one said was the best in the world. He thanked them all, and wrote down their names. When he entered into the chamber of the Duke, his Excellency cried out, Eh! what have you got Gonelle? He replied very piteously and complainingly, "tooth-ache," the worst that ever was, to which his Excellency replied, ha! Gonelle, I know a thing which will drive off the pain at once, without touching the tooth. Antonio Musa Brussavola has never employed a better one. Do so and so and you will be healed. Suddenly, Gonelle threw down his head dress, and his attire, crying out, "and you also my Lord are a physician! Look at my list and see how many others I have found between my lodgings and your palace. Here are nearly two hundred passing through one street. I will engage to find ten thousand in this city if I go everywhere. Find me as many persons in any other business."

THE FORCEPS IN OBSTETRICS.

No one familiar with current medical literature can fail to observe the change which has at length taken place in the minds of obstetricians, with respect to the use of the forceps. Undoubtedly the tendency is now to use this instrument much oft-

ener than was deemed justifiable ten or fifteen years ago. The older text-books, which served to educate the present race of practitioners, no longer truly reflect the practice of to-day. Instead of viewing the resort to the forceps as a dire alternative, justifiable only after a consultation with its consequent delay, the employment of this instrument is now regarded as a lighter matter, and the opportunities for its advantageous use are oftener found to present themselves. This tendency is a result, no doubt, of the dissipation of the early terrors and fancied dangers of the instrument. In fact, it has been established that the dangers of a protracted labor, as involving risk of inflammation, sloughing of parts, and the formation of fistulas, are far greater than those which follow the proper use of the forceps in expediting such a labor. It is even now maintained by some English practitioners, that the shortening of a labor by the forceps is of great advantage to the mother, by expediting her recovery, it being noticeable that the longer the duration of a simple and natural labor (all things considered), the longer will be the period of recovery. If the date of recovery can be at all hastened by this means, then it becomes a proper procedure for the accoucheur to cut short the sufferings of the parturient woman, and to prevent the prolonged shock to her system which would be attended by a tedious recovery, and perhaps involve other and more serious risks.

The changed tendency which we have noted is indeed nowhere more conspicuously noticeable than in the practice of English obstetricians. It is a curious historical fact that in England, the birthplace of the instrument, and where it was early brought to perfection by the Chamberlens, the forceps should, until comparatively recent times, have almost fallen into disuse. It is only lately, since the teachings of Simpson and others have had effect, that the English obstetric mind has emancipated itself from the horror of the instrument instilled by a preceding race of teachers.

In this connection it may be mentioned, that in England the obstetric position is on the left side, whereas, on the continent of Europe and in the United States, the parturient is placed on her back. In Canada, practitioners are found who adopt one or the other of these positions, according as they follow American or English teaching. The Americans early adopted French and German practice in this respect, and their teachers maintain that the supine position facilitates the study of the mechanism of labor, and so practically prepares the student or young practitioner for the skilful employment of the forceps. This, it must be considered, is no small recommendation of the continental practice, now that an increasing employment of the forceps demands the highest skill in the use of the instrument. But there are other considerations for abandoning the position on the left side. It is more irksome than that on the back. It is less convenient to the accoucheur, and when operative interference comes into play, it has generally to be abandoned. That is an absurd reason which has been advanced in England, that of the two it is the more modest. Obviously, if considerations like this are to prevail; if any position be deemed immodest in the presence of an educated obstetric attendant, the sooner we abandon this field of practice to the female sex the better. To those whose predilections in this regard do not amount to rooted prejudice in favor of the English practice, we would induce them to try a change and test for themselves which is the preferable obstetric position.

With respect to choice of instruments a word or two may be said. The American schools employ long instruments with a double curve capable of engaging the fœtal head at the brim. The Scotch and English school give the preference to short instruments, straight or with a single curve. The short instruments, they maintain, are all that it is necessary to employ, and that turning is a proper alternative when labour is protracted by inability of the fœtal head, to enter the brim of the pelvis. Amid the endless variety of instruments to be met with in the catalogue of the surgical instrument maker, the inexperienced practitioner might well be at a loss unless he has imbibed a predilection from his teacher or from a text-book. Most likely, however, he will have made up his mind either to select a long or a short instrument, or both. Of long instruments the writer has tried Hodge's and Bedford's; of short instruments he gives the preference to Simpson's. Hodge's instrument is highly esteemed by American practitioners, and perhaps is more generally employed on this continent than any other. The advantages of Simpson's short forceps consist in their extreme portability, (they may be handily carried in the

pocket) their less formidable appearance, and the ease of their application. They may be applied without it being absolutely necessary for an assistant to hold the first blade. Owing to their shortness also they may be put on without any exposure. In fine, they are more generally serviceable than any other kind, and if we were limited to the possession of one instrument, this is the kind we should select.

THE "GLOBE" ON THE MEDICAL BILL.

The *Globe*, in its issue of March 20, again takes up the *role* of "old Granny." It bewails, in the most lachrymose manner, the exclusion from the practice of medicine of all druggists, old women, and others who may feel that they have a divine right to heal the sick. "No wise woman may traffic in her little pot of medicated goose-grease, no Mistress Squeers may administer her periodical dose of brimstone and treacle." What a pity! The Homœopathists are not to be permitted to administer their little globules. "The whole bolus or nothing, the big jorum or death is the sole alternative left the sick." What absurdity! The editor of the *Globe* knows better, but he is very much annoyed at the success of the general profession in securing the passage of its own Bill, and the defeat of the Homœopathic monstrosity. He is astonished that the House should really have passed such a Bill. It is really astonishing, when we bear in mind that one of the *Globe's* most prominent members of the editorial staff left his sanctum and took up his position in the lobbies of the House, and used his powerful influence to prevent it passing, and to canvass the House in favor of a Bill which would have the effect of destroying the CENTRAL BOARD SYSTEM, which has been so satisfactory in its results to the public good, by preventing hundreds of incompetent men of all schools from entering the profession. But then "the medicos are not a small body in the chamber itself, and their brethren throughout the Province brought to bear upon other members a pressure that, for the moment, was irresistible." This is perfectly true. The medical profession in Ontario has long since discovered that the *Globe* was one of its bitterest enemies. It has been the advocate of Quacks of the Tumblety stripe, Hydropathists, Mesmerists, and every species of medical humbug in turns, and has never had a kind word for the thoroughly educated, hard-worked and poorly remunerated physician of the general profession. The general profession is now thoroughly aroused, and will assert its rights and use every legitimate means to retain its present position. It will soon become thoroughly organized. It has its societies and its organs, and through these and other channels, it will make its influence felt when necessary, both upon the House and country. If political considerations should be made subservient to the general welfare of the profession and the public, the *Globe* has itself to thank for it. We quite agree with our correspondent from Stratford in reference to this matter, and we but too truly speak the minds of the great majority of the profession. We question very much whether the line of policy adopted by the *Globe* on medical matters, is not inimical to the interest of that section of the profession which it has taken under its motherly wing.

The editor of the *Globe* not only takes up the *role* of champion defender of the rights of Mrs. Squeers, and others of a similar stamp, but what is incomparably worse, he comes out the avowed advocate of "open and determined resistance to the law." This is not the first time that the *Globe* has come out in this way; we refer to the Ryder controversy. We feel quite certain, however, that the law-abiding citizens of Ontario will not support the Homœopaths, or any other class of individuals, in violating the laws of the land.

THE DUTY OF THE MEDICAL ELECTOR.

The editor of the *Medical Times and Gazette*, in an article in the February number on the above subject, makes the following remarks :—

"It is a most deplorable and lamentable thing "that we have no statesman strong enough and "bold enough to insist on sanitary reform as the "most important subject a Government can take "up. Thousands of lives can be saved every year "by it, and by its means disease, poverty, and "crime can be more largely and effectually pre-"vented than by any other measures. It will con-"duce more to the health, happiness, and real edu-"cation even, of the people than any 'Education

"Act,' or 'free breakfast-table' measure, or 'Per-
"missive Liquor Bill' can. So long as masses of
"the people are allowed, nay, are compelled, as
"now, to herd together in crowded, dark, fetid,
"and ill-ventilated dwellings, so long will prevent-
"able diseases be rife, and wretchedness, misery,
"drunkenness, and crime will abound. Light,
"cleanliness, and pure air are great medicines,
"purifiers, and educators of the moral as well as
"of the physical man. Medical men know this
"only too well, and we hold that it is the duty of
"every medical man to exert all the influence he
"can command to return to Parliament members
"pledged to support, or at the very least not to
"oppose or impede, measures of sanitary reform.
"We care not what the professed politics of a can-
"didate may be; but the medical elector should
"demand of him that he knows something about,
"and will care about the public health."

Hamilton Medical and Surgical Society.—In another column will be found a statistical report of cases of Enteric Fever and Dysentery occurring in the city of Hamilton. The Society requested the members to make a monthly return of all cases of enteric fever and dysentery affecting those above two years of age, with the locality, water-supply, etc., occurring in their practices. For this purpose, printed schedules, setting forth in separate columns the disease, sex, age and occupation of the patient, locality, water-supply, sewerage, etc., were prepared and sent to each member, and the collected statistics were brought before the Society at each monthly meeting. This is a step in the right direction, and cannot fail to prove serviceable to science and humanity. The Hamilton Society is to be congratulated on being the first to inaugurate so important a movement, and in endeavoring to direct the attention of the municipal authorities in Canada to the necessity of greater attention to sanitary matters. We hope that medical societies in other towns and cities in Canada will strive to emulate the Hamilton Society in this much needed reform.

Consultation with Eclectics.—Now that the Eclectics are about to become incorporated with the general profession, a correspondent asks, What is the opinion of the profession of Toronto in regard to meeting Eclectics in consultation? stating that he had seen a letter from a medical man in Toronto, and a member of the Council, in regard to this matter, in which he said that if they were to be incorporated with the general profes sion, he could not see in all fairness how we could refuse to meet them.

The general impression seems to be that they should be met in consultation as soon as they discontinue advertising themselves as specialists. They have a legal status with ourselves, and many of them have given in their adhesion to amalgamation with the general profession. All such should be met in the most friendly spirit, and should have the usual professional courtesies extended to them. We have no doubt that some amongst them will still stick to their Eclecti*cism*. These of course cannot expect to be consulted with, and cannot complain if members of the general profession, who lay claim to no specialty in the treatment of disease, should refuse to meet them. Consultations are generally for the purpose of determining points of diagnosis—the question of treatment usually taking a subordinate or secondary position, and therefore under present circumstances, with our mixed Council and mixed Examining Board—we should be governed more by the character and general professional standing of the medical man, and the circumstances of the case, than the school to which he belongs.

Powdered Meat.—An important contribution to the list of dietetic articles is powdered meat. This is likely to be more valuable for convalescents than even the *extractum carnis*, which, with many practitioners, is loosing the reputation at first conferred upon it by the great name of Liebig. Powdered meat is prepared by finely chopping fresh meat, spreading it upon cotton of a loosely woven texture, and drying it rapidly in a current of air. When sufficiently dry the mass is friable and may readily be reduced to powder. The powder is brown in color, nearly destitute of smell, and possesses a feebly saline taste. It presents the meat in concentrated form, one part of the powder representing five parts of fresh meat. For use it may be spread upon bread, may be mixed with powdered biscuits, or stirred up in

weak soup, which it serves to strengthen. We should imagine that the manufacture of powered meat, after this simple process, might be profitably undertaken in Canada. Certainly it is simple enough to be carried on in the household.

AN AMERICAN NATIONAL BOARD OF HEALTH.—Hitherto state and municipal authority in the United States has had sole charge of health matters; but at length the federal authority has stepped in with a view to prevent the importation of contagious or infectious diseases into the United States. A bill, reported by the committee of commerce, has been brought before Congress, which provides that the surgeons-general of the army and navy and the supervising surgeon of marine hospitals shall constitute a board of health with power to establish and enforce such rules and regulations as are necessary to prevent the importation of contagious diseases; and these regulations, when approved by the President, shall have the force of law. The late epidemics at the South and South-west, more particularly the epidemic of yellow fever at Shreveport, abundantly sufficed to demonstrate the need of action on the part of the central government.

VOMITING BY ELECTRICITY.—Among the many applications of the galvanic current, as a nervous stimulant and excitor of muscular action, that of producing vomiting deserves to be noted. According to a report given by Dr. Fox in the *British Medical Journal*, vomiting may be produced by means of galvanism, when other means fail or are impracticable. It may be brought about by introducing one electrode into the upper part of the œsophagus, and applying the other over the epigastric region. Dr. Fox applied the current as above described to a child brought to him in an asphyxiated state, from eating poisonous mushrooms, when vomiting ensued immediately.

POISONING BY QUACK PILLS.—An English jury lately returned a verdict of manslaughter against a quack named "Professor" Morris, from whom a man, 23 years of age, living at Hitchin, had obtained some pills, four or five of which he had taken shortly before his death. The *post mortem* examination revealed indications of irritant poisoning, while a chemical analysis showed the presence of arsenic in the stomach and spleen, and in the pills remaining in the box from which the patient had taken the others.

APPPOINTMENT.—Thos. R. Dupuis, M.D. &c., has been appointed to the Chair of Anatomy in the Royal College of Physicians and Surgeons, Kingston. His many friends will be glad to hear of his appointment, which has been in contemplation for some time past.

JAMES PETER LYNN, of the city of Ottawa, Esquire, M.D., to be an Associate Coroner within and for the county of Carleton.

DAVID HENRY LANCASTER, of the village of Culloden, Esquire, M.D., to be an Associate Coroner within and for the county of Oxford.

ALLAN CRAWFORD, of the village of Bothwell, Esquire, M.D., to be an Associate Coroner within and for the county of Kent.

C. N. TREW, Esquire, M.D., has been appointed Coroner for New Westminster, British Columbia.

The American Medical Association meets the first Tuesday in June of this year in Detroit, Mich.

The 7th annual meeting of the Canadian Medical Association will be held at Niagara Falls, on Wednesday, August 1st, 1874.

DEATH.—At his residence in Hamilton, on the 4th ult., Thomas Duggan, Esq., M.D., aged 61 years.

Book Notices.

THE SPHYGMOGRAPH: ITS PHYSIOLOGICAL AND PATHOLOGICAL INDICATIONS. The Essay to which was awarded the Stevens Triennial Prize by the College of Physicians and Surgeons, New York, April, 1873. Two hundred and ninety illustrations. By Edgar Holden, A.M., M.D. Philadelphia: Lindsay & Blakiston, 1874. 8vo. pp. 169. Toronto: Willing & Williamson. $3

A Dictionary of Medical Science, with the Accentuation and Etymology of the Terms, and the French and other Synoms. By Robert Dunglison, M.D., LL.D. ; late Professor of Instutes of Medicine and Medical Jurisprudence in the Jefferson Medical College of Philadelphia, etc. A new edition ; enlarged and thoroughly revised by Richard J. Dunglison, M.D. Philapelphia : Henry C. Lea ; Toronto : Hart & Rawlinson.

The present edition has been very much enlarged and improved. The addition of about 6,000 words and terms to the old work has increased its size to upwards of 1,100 pages. Greater care has also been devoted to the derivation and accentuation of terms. It is now the most complete and comprehensive dictionary in the English language. The work is absolutely indispensable to every practitioner in medicine, and will be found of value to Pharmacists, Dentists, and others.

A Universal Formulary, Containing the Methods of Preparing and Administering Officinal and Other Medicines. The whole adapted to Physicians and Pharmaceutists. By E. Eglesfeld Griffith, M.D. Third edition. Carefully revised and much enlarged. By John M. Maisch, Phar. D., Professor of Materia Medica and Botany in the Philadelphia College of Pharmacy. With illustrations. Philadelphia : Henry C. Lea.

This is a new Edition of an old and well-known work. It is much enlarged and improved, and it is probably the best work of the kind published. The work is dedicated to Geo. B. Wood, M. D. and Franklin Bache, M.D., authors of the *U. S. Dispensatory*. The numerous improvements in manipulations and prosesses have been c arefully noted, and new remedies of worth noticed, while a number of old formulas have been omitted. About 100 pages of new matter have been added, to the present volume. It will be found a most convenient work of reference for both the medical man and the druggist.

Transactions of the American Ophthalmological Society. Ninth Annual Meeting. New York : Wm. Wood & Co.

Hysteria in Children contrasted with Mania. Read before the Association of Physicians of Asylums, at Baltimore, May, 1873, by Henry Landor, M.D., Physician to the London Asylum, Ontario.

Barnes on Women. A Clinical History of the Medical and Surgical Diseases of Women. By Robert Barnes, M.D., London ; Fellow and Lumlein Lecturer (1873) Royal College of Physicians ; Examiner in Obstetrics and the Diseases of Women at the University of London, and the Royal College of Surgeons, etc., etc. Philadelphia : Henry C. Lea.

A Practical Treatise on the Diseases of Children. By J. Forsyth Meigs, M.D., and William Pepper, M.D. Fifth edition, revised and enlarged. Philadelphia : Lindsay & Blakiston. 1874.

A System of Midwifery, Including the Diseases of Pregnancy and the Puerperal state. By Wm. Leishman, M.D., Regius Prof. of Midwifery in the University of Glasgow, etc. etc. With 182 illustrations. 8vo. Pp. 715. 1874. Philadelphia, Henry C. Lea ; Toronto : Hart & Rawlinson.

This work is destined to take the front rank as a text book, setting forth as it does the opinion of the advanced school of English Obstetricians. It has been carefully written, and bears evidence of much learning and close observation. The book contains about 700 pages and the arrangement is somewhat similar to " Churchill's work," which is now out of print. It is well adapted to the wants of the student or general practitioner, from its clearness of style, and in not being too voluminous. Many of the more common diseases of pregnancy are treated of and also the disorders of menstruation. The book contains about 200 illustrations many of which are original. We look upon this work as a valuable contribution to obstetrical literature, and would commend it highly to our readers.

The Puerperal Diseases—Clinical Lectures delivered at Bellevue Hospital, by Fordyce Baker, M.D., Clinical Professor of Midwifery and Diseases of Women in the Bellevue Hospital Medical College, etc. New York: D. Appleton & Co., Toronto : Willing & Williamson.

This may be called an original work in so far as any book may be considered original in the present day. It consists of a series of clinical lectures of a very interesting character, on the following subjects : Locrations of the Perineum, Thrombi, Puerperal Convulsions, Mastitis and Monunory Abscess, Sore Nipples, Phlymasur Dolus, Monia, Embolism, Philibitis Metritis, Peritonitis, Hyernia, Puerperal Fever, &c. &c. The treatment of these various afflictions has received a great deal of prominence,

and is one of the marked features of the book. The volume contains about 500 pages, and is well printed. It is a very interesting and readable book, and contains a fund of practical information not often found in ordinary text books.

PARENCHYMATOUS INJECTIONS OF CARBOLIC ACID AS AN ANTIPHLOGISTIC.

We reproduce almost textually, from the *Centralblatt* of January 24, an important article bearing this title, from the pen of Professor Heuter, of Greifswald.

Although (he observes) the antiphlogistic action of carbolic acid as a dressing for wounds is sufficiently well known, and subcutaneous injections of it have been used as an antipyretic in intermittents, the parenchymatous employment of carbolic injections as an antiphlogistic, as I have used them in my clinic with such distinguished results, has not as yet been made known. I can believe that this mode of applying carbolic acid may excite a certain amount of not unjustifiable fear on the ground of the danger of producing general carbolic acid poisoning. On this account, I at first proceeded with these injections with the greatest circumspection, and only after I had, by experiments on frogs, assured myself that the general action of the means is confined to the influence of the carbolic acid on the red corpuscles of the blood. In the subcutaneous and parenchymatous employment of the acid, it is essentially only a lymphatic absorption which takes place, and only the most fractional portions can gradually enter into the circulation of the blood, when the whole dose does not become combined with lymph in the lymphatic apparatus which it traverses, whereby all intoxication of the blood is avoided.

1. In *synovitis hyperplast. granulosa* (white swelling or fungus inflammation) of the knee. The injection was thrown into the most central part of the joint, so that the needle came in contact with its walls. The effect was—cessation of pain, diminution of long-enduring elevation of the temperature at night, and a remarkable diminution of the swelling. On account of the chronic nature of the case, the injections had to be repeated at intervals of two or three days. 2. In *subacute glandular swellings with tendency to suppuration*, and buboes whether in the inguinal or femoral region. Effects: cessation of pain, the redness of the skin and the œdema disappearing; the gland became rounded in form, and gradually returning to its normal condition. Several injections have been necessary to secure complete recovery. 3. In *acute phlegmon of the subcutaneous and subfacial connective tissue.* The most peripheric part of the phlegmon is to be chosen, so that the lymphatic vessels may convey the acid in a central direction. In extensive phlegmons, two syringefuls may be injected at different points. Effects: Shrivelling of the tissues in a few hours; immediate cessation of pain; and recovery without suppuration (if this had not already been developed), although it seemed imminent. 4. In *traumatic erysipelas.* In this disease I have injected at different points along its border, in order to prevent erysipelas of the forehead, for example, passing over to the hairy scalp. This end has been attained; but as yet I have not ventured to inject the whole border of the erysipelas in numerous places in order to cut short its course.

I lay great stress on the parenchymatic character of these injections, whereby the carbolic acid is conveyed into the cavities of the largest joints, into the perivascular connective tissue, and into the interior of the glandular substance, and is enabled there to develop its local antiphlogistic power, where almost every method hitherto employed, with the exception of the knife, has failed of success. In this sense I consider that the parenchymatous injection of carbolic acid constitutes the most powerful antiphlogistic means with which the employment of ice, the abstraction of blood, or any local application cannot compete. I hope that it will not only be employed in surgical practice, for an important field is presented for its action among the diseases of internal organs. There ought to be no essential difficulty in injecting the parenchyma of the lung, spleen, liver, or kidney; but the effects of this must be tried first on animals before one feels justified in proceeding thus far. In all cases, the direct injection of this substance into a vein must be avoided, in order that an acute carbolic intoxication may not be produced. In order to be certain on this point, a preliminary puncture should be made with the needle, and observation made whether drops of blood flow out. When this is the case, the needle should be either drawn somewhat back or thrust deeper in, and the injection made only when no blood issues from the canula. In the treatment of non-malignant tumours, *e.g.*, fibroma, the same good effects may be expected from these injections; but I have no instance of complete recovery to adduce, and I forbear to offer too enthusiastic a recommendation in this direction. Malignant tumours also may be brought experimentally within the province of this investigation, especially as the injections act as anæsthetics, not as irritants. It is, however, to be borne in mind that in the employment of the carbolic injections in very vascular tissues and tumours, carbolic intoxication may be easily induced. —*Medical Times and Gazette.*

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THE TOPPING TRAGEDY AND JURISPRUDENCE.

BY DR. CLARK, M.D., PRINCETON, ONT.

A farmer by the name of Topping, living in the County of Oxford, murdered his wife and four children with an axe, on the 21st of last December. He endeavoured to murder a fifth one, but was prevented by two elder sons, who disarmed the father. At the same time, and immediately after the murder, he attempted to commit suicide by cutting his throat with an axe. The murder was committed in the early morn when all were asleep, and so stealthily, that, with the exception of an exclamation from the mother, the sons heard no unusual sounds, although they slept in the loft of a small log house, in which all resided. The father had been a school teacher in early life. Had been an auctioneer, and township assessor for a number of years. He got somewhat embarassed in financial circumstances, but had a great deal more property than would pay all liabilities. He became desponding and seemed to take a gloomy view of his worldly position, but never, before this time, showed any disposition towards murder or suicide. Although all his lifetime somewhat eccentric and lax in his religious views, yet, in all business matters, he showed the usual caution, care and shrewdness. Immediately after the murder he became as usual, and remains so still. He was always kind to his wife and children, and states positively that he intended to spare the two oldest boys, as they were old enough to take care of themselves. He was tried and a verdict given of "wilful murder, with a recommendation to mercy." The question arises, was he sane or not? The subject seemed to perplex Judge Wilson, and although the lawyers were expected to give *ex parte* advice to the jury, yet, they seemed "at sea" in the matter. It will, therefore, be seen that the Topping murder has an interest in it besides the tragic nature its of horrible details. The verdict now being given, it is instructive to look at its consequence to jurisprudence, if the arguments *pro* and *con* are to be taken as precedents. In the first place the verdict was a peculiar one. In "wilful murder" we mean murder *wilfully* committed by a *sane* man. It includes malice aforethought in a superlative degree, and cannot in its nature have extenuating or palliating circumstances, seeing that includes moral responsibility. The verdict was "wilful murder, with a recommendation to mercy." The question might naturally be asked, if mercy is to be extended to "wilful murder" under such circumstances, what cases can be adduced sufficiently vicious which should have no such recommendation? The jury supposed Topping sane else no such verdict of wilfulness could be rationally given. If so, a merciful consideration under the circumstances, (if hanging is not a by-play,) implies a contradiction of terms in the jurors' minds, which surely ought to have brought forth a verdict of acquittal on the ground of insanity. In other words, were he sane, execution must surely follow (except through executive clemency.) Were he insane, so far as to make him irresponsible, then was the verdict unjust in every word. There were no palliating circumstances for the criminal, if in his right mind. There could be no condemnation and no appeal to clemency if he wot not what he did. Under either aspect the verdict was peculiar, and seemed to be a mixing up of a supposition of *non compos mentis* and of a positive assurance of murderous guilt, with extenuating circumstances. One important fact seems to have been forgotten by both the judge and counsel in addressing the jury: there are certain kinds of insanity which include moral guilt. Eccentricity is a low form of insanity, and often allied with genius, but its possession cannot shield the guilty. Paroxysms of rage lead to murder, and such an ungovernable temper may be hereditary; yet the mad-actor is held accountable. Fits of despondency may lead to suicide, or murder. These can be shaken off by weak minds. Is every desponding man crazy? Can he do of his own good or bad pleasure and

justly plead not guilty? A man changes his religious belief and plunges into neology or atheism; can that be a reason for judging him mad? If so, what legions of maniacs are at large! Every man and woman has had oddities and whims and fancies at one time or another, which if brought up in dire array before such would startle all of them. If every strange remark in jest or in earnest—every act of life in playfulness or in melo-drama were catalogued by friends and foes and pronounced to the world, the evidence would convince many juries that a murder, to end such a series, might bear a verdict to which might be appended a merciful recommendation, on the score of strange antics, peculiar views, and chronic blues. The *transitory mania* plea, so fashionable now-a-days, is a miserable quibble to cheat justice of its due. A culprit is sane up to the moment he perpetrates the deed. He acts from an irresistible impulse to do the fiendish act, which in his anterior sane moments he wished for, he planned, and he executed, as thus concocted. The moment the desired act is effected he comes to his usually right mind again. This formula could be applied to every atrocity under the sun, and all guilt could be reduced to sudden impulses of so called uncontrollable fury. Previous threats, plans, plots, avowed intentions, strategy, and waiting for an opportunity, seem to be left out of the consideration of such questions. A mind is supposed to suddenly lose its equilibrium. In this moment of mental aberration guilt ceases to exist, but in the next swing of the pendulum of thought, all is serene again. In the Topping case all the fractions of the unit reason, were in normal exercise except one usual motive to vicious deeds, viz.: malice. There is nothing to show that he hated any of the objects of his vengeance, and that alone takes it out of the category of "wilful" acts, yet he had a *plan* and *purpose*. He waited for the most opportune time and place—he selected the best instrument to accomplish his purpose. If the murder had been attempted in the day time, without premeditation or concealment, it is probable that several of his victims might have escaped. He takes an opportunity when they were unconscious of impending danger, and persistently perseveres in the fearful tragedy. He was conscious of what he was doing, and not like the madly insane whose instincts and will are merely *automatac*, withoutr egulation or self-control. He knew he was doing wrong, and the fact that he determined to kill only a certain number of his family and spare the rest, showed that his will to do or refrain was under his control. If his frenzy were under subjection so that he could spare some, there is not the least reason to doubt he could if he wished have saved all, by the moderate exercise of that volition which he showed himself possessed of. Had he attempted to kill all without distinction, a phase of unbalanced mind could have been presented, but the electing for death a part of his family showed no blind and unreasonable ferocity. It is true many crazy people present a species of low cunning, hence the phrase, "There is method in madness." This craftiness, however, is akin to that evidenced by animals in hunting for prey, or in self-preservation, and lacks the well-defined forethought, sagacity and prudential actions of subjects whose dementia, mania, or monomania does not put them beyond the pale of penal consequences. About 40 years ago a parallel case occurred in a neighbouring county. In the early morning a man of the name of Sovereign put to death, with different instruments, his wife and six children. Some were murdered in the house, and the rest in the lane and barnyard. He had no quarrel with any one of them; yet circumstances all led to show that he had premeditated the murder, and afterwards went to a neighbour's house, told of the butchery in all its details, and accused a stranger of being the actor. A child who had crept under the bed and escaped the blood-thirsty father, was a swift witness against him. He had all his lifetime been an odd acting man, but was shrewd in business—expert in any necessary calculation—kind to all; and seemed to be in full possession of all his faculties and affections. An evil hour came, he yielded when he should have resisted, and when he could have potently said: "get thee behind me Satan," his hearth was made desolate, and he became a wilful spiller of the blood of his nearest and dearest kith and kin. The insanity plea was set up, but Judge and Jury condemned him to the gallows without mercy.

It will be seen, therefore, that the affliction of insanity in its lowest forms includes moral guilt, and hence punishment commensurate with the crime. If not, society requires of law to lay down a well-defined line of demarcation, to whose

partition wall insanity can fret itself and say, "I come thus far, in violation of law, guiltless, but beyond is inexorable justice and a tribute of an 'eye for an eye, and a tooth for a tooth.'" It is fair to demand this, if dejection, change of religious belief, or disbelief, slight and temporary aberration, and such like, so common to myriads of humanity, whose sanity, by any reasonable standard, is not doubted, are all factors to exculpate transgressors. In this case it was not (a) justifiable, or excusable homicide; (b) it was not manslaughter under extenuating circumstances, as far as personal danger or fear were concerned; (c) it was not murder in the second degree, which includes palliating circumstances of any kind, except insanity in the actor, but this view was ruled out by the jury; (d) it was finally reduced to murder in the first degree, *premeditated* and *malicious*. This verdict alone, without the appendix, would have been consistent, as an alternative to acquittal on the plea of unsoundness of mind. The writer is not a strong advocate for capital punishment, in this or any case, but he desires to see evidence and verdicts so clearly defined as to prevent innocent life from being taken on the gallows, or the truly guilty acquitted from half conceived and crude ideas on human responsibility and mentality, when there is a wide gulf of distinction between the two, within the observation and scope and ken of legal acumen and pschycological research. It is a perversion of facts to attribute all insanity to disease, and an easy way to get rid of human depravity, or mental alienation. The laws of God and man determine human responsibility to consist of mental health. Man's vicious habits may engender bodily disease, but his modes of thought only, decide his guilt. To argue otherwise is to make man a mere machine possessed of no volition. Mechanical acts of man are not moral and punitive, but when done unknowingly. Persistency in cognizant evil make them often a second nature. The drinker imbibes until the habit becomes a mania, and beggary, bestiality, misery and death is the result. Does the law call him an irresponsible being? The love of gain, or of inordinate ambition, becomes so potent that all the decalogue is broken by the possessor. Are such pronounced faultless? The miser clutches to the death his gold bags, while a shrivelled carcase, an empty cupboard, a cold hearthstone and rags, tell that he has perished wilfully and madly, through a mania for possession Had he murdered for money, would the law send him to an Asylum? The rogue cheats and steals until fraud and theft become a second nature to him. Is he exempt from the punishment for crime because he is an old offender, and all the more excusable? There is not a passion or propensity of our nature but if indulged in, will increase in potency until the power becomes almost adamantine in its hold of the luckless victim; but law justly sees no palliation in an old offender. The older the sinner the less is the excuse, although it presents as much a premium for crime as the other extreme of *lightning* or *rocket* insanity, which flashes up, destroys, and then vanishes forever. To a proper understanding of such cases, it is evident that reasoning like the following should be adopted, viz.:

1st A sense of right and wrong includes guilt in evil doing, and shows that the brain and mind are not sufficiently unbalanced to quench responsibility.

2nd Volition, in sufficient tonicity to choose alternatives, should subject to penal law, the actor, whose physical manifestations violate human rights, privileges and immunities.

3rd All passions, emotions, desires and affections, which are common to humanity at large and possessed of, normally, by every balanced mind, cannot be taken into account as a groundwork for insanity. These in excess may belong to sane and insane in common and can be no evidence for or against *per se*.

4th To confound mental and physical disease and make them inseparable quality in crime is a doctrine against all human experience, for physical health and mental aberration are often seen together. "A sane mind in a sane body" is a happy union. The converse is unfortunate and frequent, but to say that this relation is unalterable, and that a diseased body cannot have a master mind within its crumbling walls, or to say that a healthy physical system cannot have a crazy occupant within its clay tenement, are assertions which the observations of every day belie. Divorce psychology from pathology, or to make them identical in disease of mind as many materialists seek to do, is to dissever on the one hand, or blend on the other what the Almighty has only put in intimate relation, and juxta-position.

It has become a serious matter in juris-prudence,

if such pleas as those mentioned gain ground, and under the ægis of law shield the guilty. The same field of discussion has become the bane of law courts in the neighbouring Republic. There is scarcely a murder committed which cannot have extenuating circumstances on such grounds, and almost universal acquittal, or inadequate punishment, would be the result.

The natural feelings of humanity are antagonistic to causing the most guilty to suffer, but a regard for public security and for restictive law, which must be adequate protection for all who seek its shelter, in civilized communities, require measures, not diluted with a vapid sentimentality, but "which shall be a terror to evil doers and a praise to those who do well."

FOREIGN BODY IN THE TRACHEA—VOIDED BY THE BOWELS 33 DAYS AFTERWARDS.

BY A. B. ATHERTON, M.D., L. R. C. P. & S.
FREDERICTON, N. B.

History:—Charles N., aæt. 7;—rather delicate child, subject to occasional colds, accompanied by a croupy kind of cough.

Took cold yesterday (Feb. 21, '74,) and has coughed some ever since. Able to be up, however, and about the house. While holding a piece of jet cross in his mouth, he took a sudden attack of cough, and it went back "into the throat." Thereupon followed a severe fit of choking cough, which lasted nearly an hour before he could explain what had happened. I saw him soon afterwards, and found his condition as follows:

Laying in bed, showing little signs of dyspnœa; but annoyed frequently by a short, spasmodic cough; respirations 36; pulse 110. On examination of chest, bronchial râles were heard over both sides of the back, with diminished respiratory murmur on right side. Ordered a Bromide of Potassium mixture.

Feb. 23.—Cough continued troublesome since yesterday. Had a severe paroxysm of it in the night lasting about ¾ of an hour. During this he told his mother that he felt the piece of "cross" in his "throat" again, but he says it went back "all right."

Had a natural motion of the bowels this morning; was not examined. Air enters the *right* lung well this morning; but only slightly on the *left*. Other symptoms as before.

Feb. 24.—Rather more restless last night. Cough and respiration as yesterday; pulse 128 Omitted Bromide of Potassium mixture, began a cough mixture containing $\frac{1}{12}$ gr. of morphine to the dose, ordered *pro re natâ*.

Feb. 25—Has slept a good deal since yesterday; but when the effect of the morphine is off the cough returns. No expectoration has occurred at any time since the accident.

On laying the hand on the left side of the chest, it hardly moved during respiration; free motion on the right side. Respirations 40; pulse 130; skin of the face seemed a little livid. There was no motion of the bowels for the last two days, and a dose of senna was ordered. Tracheotomy was hinted to the parents, but they did not appear to favor it.

Feb. 26.—Nothing seen in the stools of the piece of "cross." Pulse 136. Respirations 55. Some pain in left side and back since yesterday. Bronchial respiration and bronchophony—at the base of the left lung.

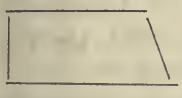
Tracheotomy was advised and assented to; chloroform being given; a fold of skin was pinched up and a bistoury passed through it. After a few touches of the instrument the trachea was made bare, and the point introduced. This opening was now enlarged by a probe-pointed bistoury, and the margin of the wound kept apart by wire retractors, while the patient was turned partly on his face with the lower part of the trunk raised and percussion made with the flat of the hand on the posterior part of the chest. After a few efforts of this nature there was expelled through the wound a plug of muco-purulent matter, and at the same time Dr. Gregory, who was assisting me, thought he felt some hard substance strike the wire retractor. However, nothing was seen of the foreign body, and after some more percussion of the patient, we allowed him to come out of the chloroform.

During the operation and for some time after it, spasmodic cough was kept up, partly due apparently to the entrance of blood into the trachea. I may mention that an elastic catheter was passed down the trachea 2 or 3 inches, so as to dislodge anything that might be there.

I saw the patient two hours after the operation,

and he then expressed himself as better. The lividity was gone. Respirations 40, air entered the left lung well. Left side of the chest heaved as much as the right.

Feb. 27.—5.30 P.M., 29 hours after the operation. Respirations 30, pulse 120. Had a natural stool a few minutes before my visit, and in it was found the piece of jet cross. It was a little more than 5/8 of an inch long in its greatest measurement. Its short side measured more than 1/2 an inch. One end was fractured in an oblique direction, thus making this difference in length. Its width was nearly 3/8 of an inch, its thickness 2 lines.



Feb. 28.—Doing well. Respirations 28, pulse 105. Some bronchial respiration at base of left lung, but no crepitus now or previously.

March 1.—Slight cough continues. No pain. Wound to be drawn together with adhesive plaster when air ceases to come through it.

March 4.—Cough nearly gone. Wound healing. Pulse 96. Appetite good.

March 12.—About the house. Cough entirely gone. Wound just about healed.

The foreign body had evidently ulcerated through the Trachea, and finding its way into the œsophagus was voided by the bowels—33 days after the accident.

COLLEGE OF PHYSICIANS & SURGEONS, ONTARIO.

EXAMINATION QUESTIONS, 1874.

(Reported for the Lancet by W. S. Washington)

Chemistry, Theoretical and Practical—Dr. D. Clark

I. Explain the different theories in regard to light.

II. What is the composition of the atmosphere and what are the proportions of the different gases?

III. What are the alkaline, acid and neutral oxides? Give examples.

IV. Define what is meant by constant, multiple and reciprocal proportions.

V. Give the symbols for Red Precipitate—Oil of Vitroil—Aquafortis—Rochelle Salts—Muriatic Acid—Chlorate of Potassa—Pentachloride of Phosphorus and Chloroform.

VI. Write in full the names of the following compounds :—Al_2 $3SO_3$ — Kcy—K_2O $2CrO_3$ Hg_2 O NO_5, PbI_2.

VII. Explain the reaction by diagram represented in the following equation :—$FeS + H_2SO_4 = H_2S + FeSO_4$.

VIII. Describe briefly the spectrum analysis, and give its characteristic tests for Sodium, Potassium, Lithium and Strontium.

I. Give the composition, manner of preparation and distinctive tests for arsenious acid, tartar emetic, corrosive sublimate, prussic acid, morphine, and fusel oil.

II. Explain the process of fermentation. Give the different kinds and their principal products. Wherein does fermentation differ from putrefaction?

III. Give the manner of analysing the urine and testing for albumen, sugar, urea, uric acid, the earthy phosphates and chlorides.

IV.—Give a synopsis of the ultimate analysis of organic compounds.

Anatomy Descriptive and Surgical—Dr. Hodder.

I. Describe the nasal cavities and communicating sinuses.

II. Describe the sacro-sciatic ligament and foramina—also the capsular ligament of the hip and shoulder joints. State wherein the last two differ, how they are strengthened, name the structures in order with which they are in contact externally, and show how they affect movements in these joints.

III. Describe the following muscles, and give their relations, actions and nervous supply :—Serratus magnus, teres major and soleus.

IV. In what respect does the fifth cranial nerve resemble a spinal nerve? Describe its third division, and give its distribution.

V. Describe the subclavian artery—give its relations—name its branches in order, and describe the thyroid axis and its branches.

VI. Describe the course and relations of the duodenum.

I. Describe the saphenous opening—the crural canal and crural ring. State how the ring is bounded and give the position of parts around it.—Explain the descent of a femoral hernia and give its coverings.

II. Describe the operation for ligating the external iliac artery. What difficulties may be met with in this operation?

III. Explain the course taken by the urine in extravasation of this fluid from rupture of the urethra.

IV. What structures will be divided in ligating the ulnar artery in the middle of the forearm, and what structures are to be avoided?

MATERIA MEDICA AND SANITARY SCIENCE.—DR. BERRYMAN.

I. What are the various surfaces through which medicinal agents may enter the system, and in what way is their presumed action modified?

II. How would you modify the action of opium by combination? Explain the physiological action of such combination.

III. Describe the physical construction of an aloe leaf—its commercial and botanical varieties.

IV. Name the agents with their doses that you would select to produce the following results:—diaphoresis in fever, expectoration in acute pneumonia and chronic bronchitis, spasms in traumatic tetanus, and as far as possible elaborate on the physiological action of each.

V. What is the presumed opinion of the action of all preparations of mercury and iron in blood formation? Write an ordinary prescription for chlorosis.

I. In case of erysipelas breaking out in an hospital what precautionary measures should be taken by the authorities or superintending surgeon?

II. What are the best and latest disinfectants, and how should they be applied in contagious diseases?

III. Give your views with regard to the most modern ideas of ventilation in public buildings.

IV. What sanitary measures should be resorted to in the chambers of those suffering from typhoid and typhus Fever?

V. What contiguous circumstances will modify the character of well water, and how would you remedy the same by the ordinary process of filtration?

PHYSIOLOGY.—DR. EDWARDS.

I. Describe briefly the structure of the skin. Mention its uses and demonstrate its importance as an excretory organ.

II. Describe the minute structure of the Liver, and state the several functions it discharges. Give the uses of the bile as a secretion and as an excrementitious substance.

III. Describe the mucous membrane lining the small intestines, and the glands situated within and beneath it, and give a summary of the changes in the food during its passage through this portion of the bowel.

IV. Describe briefly the process of secretion of the urine. Give the average quantity secreted in twenty-four hours. Mention some of the circumstances affecting its quantity and quality—the range of its specific gravity—its chemical reaction and its principal constituents in health.

V. Where is the purest blood in the body found? Why is it purest and how does it differ from blood elsewhere?

VI. Give the function of the medulla oblongata. Mention the origin and distribution of the pneumogastric nerve.—What would be the result of its division?

VII. How many pairs of spinal nerves are there? Which part of the spinal cord is motory and which sensory? What would be the result of division of the phrenic nerve, and what the results of partial and complete section of the spinal cord?

SURGERY AND SURGICAL PATHOLOGY—DR. AIKINS.

I. Diagnose dislocation of ulna and radius backwards of elbow joint.

II. Diagnose acute periostitis of the tibia.

III. State the general and local treatment of acute inflammation, and illustrate your views by treating a case of acute orchitis, and also a case of traumatic inflammation of the brain or its membranes.

IV. What would lead you to believe that a patient had stricture of the rectum even without making a digital examination?

I. Treat fully an oblique fracture of the thigh bone in an adult. When high up how do you prevent shortening?

II. How would you preserve the proper length of the Humerus during treatment for fracture? *(a)* when high up, *(b)* when near the lower end.

III. Describe tracheotomy in a child.

IV. A man inflicts with an adze a transverse incised wound three inches long in front of, and extending into the ankle joint. What are the structures injured and how would you treat the case for the first few days?

V. State the symptoms and treatment of strangulated femoral hernia.

I. State the pathological condition of carious bone.

II. State varying amount of injury in a case of colles' fracture.

III, In suppuration whence do the pus corpuscles come?

IV. In what ways may death in a part be produced without external injury?

V. By what channel or channels can injury or disease of one part of the body produce inflammation or functional disturbance in another and perhaps distant part?

VI. State what you know about the process of ulceration.

MEDICINE & MEDICAL PATHOLOGY—DR. DEWAR.

I. In a case of Pneumonia describe the various stages of the disease. Enumerate in order the different changes that take place during each stage in the order affected, and give an outline of the treatment in each stage.

II. In what diseases would you expect to find an excess of uric acid, and in what diseases an excess of phosphates in the urine?

III. Give the pathology and treatment of pertussis and laryngismus stridulus.

IV. Give the history, symptoms and treatment of cirrhosis of the liver.

V. What is the medical nomenclature for salt-rheum, and name the diseases it may be confounded with.

VI. In a case of thoracic aneurism—state physical symptoms that would lead you to suspect its existence, and corroborate your opinion by stethoscopic and percussive examination.

MIDWIFERY, &C.—DR. LAVELL.

I. Give the treatment of preventable and unpreventable abortion.

II. Describe the mechanism of natural labor in the first position of vertex presentation—giving reasons for each movement and the means by which these movements are effected.

III, Give the stages and management of natural labor.

IV. Give the causes and treatment of retained placenta.

V. Describe the forceps, and state how you would apply and use them in a given position.

VI. State immediate cause of *post partem* hemorrhage—give treatment, and state how prevented in anticipated cases.

MEDICAL JURISPRUDENCE AND TOXICOLOGY—DR. MCDONALD.

I. At what time after death does cadaveric rigidity commonly set in and how long before it is completed?

II. In a body much decomposed death is suspected to have resulted from strangulation. How would you prove or disprove the suspicion?

III. How would you distinguish ecchymosis produced during life from a bruise inflicted a short time after death, and from post mortem stains?

IV. How would you distinguish between homicidal, suicidal and accidental hanging?

V. How would you distinguish between homicidal and suicidal wounds of the throat?

VI. What is the medico-legal meaning of the term viability in new-born children?

VII. In the case of an infant being found dead how are we to infer the crime infanticide?

I. In what class of persons is poisoning by concentrated sulphuric acid likely to be met with, and what are the marks of poisoning with it?

II. Mention the tests by which sulphuric acid may be detected in organic liquids, and the modes of using these tests.

III. Give the symptoms of poisoning by belladonna.

IV. What are the signs of poisoning by aconite. What time may symptoms be expected to appear in a fatal case, and what time may elapse before death?

V. Contrast the symptoms of tetanus from disease or injury, with those arising from strychnia poisoning.

VI. What are the most useful tests of strychnia, and prove its presence in organic mixtures.

BOTANY—DR. BOGART.

I. Of what does vegetable growth consist?

II. Enumerate and give a brief description of the various kinds of cells and vessels found in plants.

III. What is the natural figure of a vegetable cell, and how is it altered during growth?

IV. Describe cell circulation—in what substance does it occur—what plants are suitable for observing it?

V. Name and describe fully the different parts of a flower. What is the function of the flower, its origin, its essential and accessory parts.

VI. Define the terms symmetrical, regular, perfect and complete as applied to flowers.

VII. State the chemical composition of plants; distinguishing between the organic and inorganic constituents.

VIII. What constitutes the food of plants,—by what means and in what different forms is it introduced into the plants?

IX. State the chemical composition of cellulose, starch and sugar.

X. What is the fruit? Name the different kinds.

XI. Name the different ways in which dehiscence of a plant takes place—the name applied to each with examples of plants in which they occur.

XII. Define the following botanical terms:—hypogynous, morphology, gynandrous, diadelphous, hilum, plumule, bulb, epiphyte, æstivation, syngenesious, pericarp.

MEDICAL DIAGNOSIS.—DR. WM. CLARK.

I. Give the symptoms of pleuritis, empyema and hydrothorax by stethoscopic examination.

II. Give the diagnosis of albuminuria, diabetes and cystitis.

III. Give the symptoms and distinguishing characteristics of each of the following:—Variola, measles, scarlatina, and erysipelas.

DISLOCATION OF THE FEMUR—REDUCTION BY MANIPULATION—REID'S METHOD.

BY JAMES WIER, M.D., UPPER KENNETCOOK, N. S.

I was called on the 10th of March last to attend a man named Charles Dawson, æt. 28 years, a ship carpenter. While preparing ship timber in company with two others, at a distance of three miles in the woods, he unfortunately attempted to disengage a lodged tree, which fell sooner than he expected, crushing him to the ground and rendering him utterly helpless.

I saw him an hour and a half after the injury.

He presented the following symptoms: Face and lips pale and exsanguinated; an unnatural prominence on the right dorsum ilii; an obvious shortening of the right leg; the foot strongly inverted; the toes pointing to the instep of the left foot; the limb very much adducted, with the knee resting on the inner and under side of the opposite thigh. There was dyspnœa, and the act of respiration caused a good deal of pain. There were also contused wounds on the back of the head, nose, right shoulder and arm. Any movement of the body, or even a jar, caused him considerable amount of pain.

After examining him as minutely as possible under the circumstances, I put him under the influence of opium, had him placed on a bed in a steel-springed waggon, and removed home, where I placed him on the floor, and put him under the influence of chloroform. On removing his clothes I could diagnose with certainty a luxation of the head of the femur, upwards and backwards, on the dorsum of the ilium, the head of the femur resting just behind the anterior inferior spinous process. I immediately proceeded to reduce the luxation, adopting Reid's plan: *solely by manipulation.*

The patient laying on his back on the house floor, I took my stand on the injured side, and seized the ankle with one hand and the knee with the other. I then flexed the leg on the thigh; and strongly adducting it, I carried it over the sound one, and at the same time upward over the pelvis by a semicircular sweep as high as the umbilicus. Then, abducting the knee gently, turning the toes outward, the heel inward, and the foot across the opposite limb, making *gentle oscillations of the thigh*, the head of the bone slipped into its socket with an audible snap, and the whole limb slided easily down into its natural position beside the sound one. These manipulations were performed in a much less time than I have been describing them. After the operation I tied the legs together, placed a firm bandage round the chest, so as in a measure to restrain its movements,

which almost completely relieved him of the pain experienced in the act of respiration. Administered tinc. opii. xx. M. in water, and had the patient put to bed.

No inflammatory symptoms showed themselves in the affected joint, and in six days he could walk from his bed chamber to the kitchen without inconvenience. Perfect rest and ten grains of Dover's Powder administered on each of the first three days after the accident, was all the treatment I employed.

To my mind, the importance of this case consists in the strong and favourable contrast with which it becomes invested, when compared with the old method of reducing this luxation, by which the patient was placed on the rack, as he lay stretched between the counter extending band in his perineum, and the powerful action of pulleys, &c. Even with these powerful extending forces, it was often found impossible to stretch the limb, while, if the head of the femur hitched on the edge of the acetabulum and was drawn in an incorrect line, fracture of the head of the bone was liable to be produced.

It is to be hoped that in consequence of Reid's valuable plan, the practice of surgeons prior to the year 1850 will soon be wholly laid aside; and pulleys, hooks, sheets, &c., placed upon the shelf; and the former means of reducing luxations of the femur be hereafter looked on with the same feeling that a traveller regards the instruments of torture in the old Spanish inquisitions.

The nineteenth century in surgery would be sufficiently noted for its improvements, if nothing else were developed than the inhalation of chloroform and ether, and the admirable mode of reducing luxations of the femur suggested by Reid.

The following, I think, are some of the advantages which may be claimed for Reid's method: 1st, It is simple; 2nd, the movements are natural; 3rd, there is little pain compared with the old method; 4th, there are neither tonic nor involuntary spasms to contend with; 5th, it is better adapted to, and more certain of success in cases of long standing than extension by pulleys; 6th, it is free from danger under all circumstances, *provided* Reid's directions are accurately observed. In this case I put the patient under chloroform, though I am satisfied it could be done without inducing anæsthesia.

My chief object in doing so, was to prevent any straining, and save the patient inconvenience, believing that the manipulation is so perfect that no muscular action is required to replace the bone, the latter being carried into the acetabulum as it would be by similar manipulation on the skeleton. I deem it my duty to say that this method is not free from danger, especially if carelessly performed. By the inconsiderate action of the lever force obtained by Reid's plan, one of three accidents may occur: 1st, the muscles may be torn from their attachments; 2nd, the parts through which the head of the bone moves may be torn; 3rd, the neck of the femur may be broken. Gentleness and a strict observance of the method are necessary. In the hands of a moderately skillful and very careful surgeon, neither of the above named accidents need occur.

The accident of which this paper treats, is not one of great frequency in country practice, and seldom comes under the notice of the rural practitioner. Reid's method of treating it is simple, natural, and consequently easily remembered. An accurate knowledge of the anatomy of the hip joint is all that is required to show its advantages over the old method. I do not know whether Reid's method is generally adopted or not. I know it is not universally adopted. If this imperfect description should come under the notice of any surgeon, who, from prejudice or any other cause, has never adopted it, let me urge him, both for his own sake and that of his suffering patient, to give it a fair and impartial trial; and after having once tried it, I think he will never dream of going back to the old method.

ADHESION OF THE PLACENTA--RETENTION OF PORTIONS, &c.

BY F. ELKINGTON, M.D., M. R. C. S., ENG.,
BROCKVILLE, ONT.

The other day as I was returning from a long drive I was met by a messenger, who requested me to visit a lady immediately. I found she was in labour with her 4th child; that she was a nervous, excitable person; and had had puerperal mania after her first confinement. The labour progressed favourably and rapidly, the child, a small female, being born in three hours from the

commencement. After a short interval there was a recurrence of pain. On applying my hand to the abdomen, I found the uterus contracted, but not uniformly. What immediately attracted my attention was the extreme tenderness over the fundus uteri on the slightest pressure. The placenta could not be felt by a vaginal examination. As soon as the cord was put on the stretch, she cried out with pain, referring it to the fundus uteri. The pains returned frequently, but were not expulsive. Each time that pressure was applied over the abdomen, she would cry out with pain. Any tension or tightening of the cord caused the same pain. I also noticed that the moment the stretching of the cord was relaxed, it was retracted or suddenly drawn back. As there was no hemorrhage, no urgency about the case, I waited nearly an hour,—then flooding commenced. I immediately introduced my hand, separated and removed the placenta. There was irregular contraction of the uterus, with extensive and firm adhesion of the placenta. I had more difficulty than usual to contend with, owing to the extreme irritability and restlessness of the patient. I should have given her chloroform, but unfortunately I had none with me, and dare not wait for it.

It is worthy of remark, that the tenderness of the fundus uteri entirely ceased after the removal of the placenta, and she could bear pressure without complaining. She had no after-pains, and had a most favourable recovery.

I have frequently noticed in cases of adhesion, if the cord be put on the stretch, directly it is relaxed, it appears to be suddenly drawn back. There are no cases which require greater caution in the management; none which require greater promptitude of action when the time comes for action.

There is one form of adhesion which demands a few passing remarks: 1st, because it may be easily overlooked; 2nd, because it is attended with considerable risk.

I cannot do better than describe a case. Some years ago I attended a lady who had a favourable labour; but after some delay, the placenta was still retained. There were frequent pains, the uterus tolerably contracted during each pain, and one edge of the placenta could be felt in the vagina, but the insertion of the cord could not be felt, and when put on the stretch it was drawn back again with a sort of jerk as soon as the tension was removed. As there was flooding, I passed the hand and found there was partial adhesion of the placenta, which was attached lower down than usual. The extent of the adhesion was about the size of the top of a wineglass. The patient had a favourable recovery.

On another occasion I was requested by a junior practitioner to visit a patient who was said to be dying from hemorrhage. I found she had lost a great quantity, and was much exhausted; that she had had a good labour, but that there had been some trouble with the after-birth. The surgeon in attendence requested me to examine the placenta. On doing so I ascertained that a large portion had been left in utero. As the patient was still flooding, I introduced my hand; was fortunate in finding the adherent portion, and in removing it. The hemorrhage ceased, and the patient ultimately recovered.

One other I will briefly mention. I was requested to visit a poor woman, an out-patient of the Lying-in Hospital, of which I was then consulting accoucheur. She had been confined very nearly a month of her first child; had a constant flow, which had continued more or less from the day of her confinement. The loss was very great at the time the placenta was removed, and for some days after. She told me she suffered very much when the placenta was removed, which she described as being suddenly dragged away; that a second surgeon, who was called in on the 3rd day after delivery, made an attempt to pass his hand in utero, but did not succeed. She was very much blanched and extremely low. She only lived three or four days after I first saw her. I made a *post mortem* examination. The organs generally were exsanguineous; the uterus flabby and larger than it ought to be on the 30th day after confinement. On opening the uterus, a portion of placenta about the size of a dollar, was found adherent. The preparation was placed in the museum of the Hospital.

I would caution every young practitioner against too hastily removing the placenta; not to attempt to do so until he can feel the insertion of the cord into the placenta; nor so long as there is that snatching back of the cord; in fact, until he has satisfied himself that there is no adhesion. If he should have any doubt about the nature of the

case, certainly, if hemorrhage should occur, it is safer to pass the hand in utero than to drag down the placenta by the cord; more especially so in cases of partial adhesion. If the operation be performed carefully and quietly, there is no risk in doing it.

URINARY CALCULUS IMPACTED IN THE URETHRA OF A BOY TWO YEARS OF AGE.

BY G. D. LOUGHEED, M.D., PETROLIA.

On the 21st of March of the present year I was called to see a little lad two years of age, healthy, strong and robust. The trouble being, as I was informed, an inability to pass water. I found the bladder very much distended, and the little fellow in great agony. On enquiry I learned that some months previous he had a similar attack, only, not quite so severe; and that the present difficulty existed for three days,—night bringing the only relief, at which time his urine came away gradually. During the day he would make frequent attempts, each attended by extreme pain, and the escape of only a few drops of urine. I suspected the cause at once, and on introducing a small silver probe as far as the membranous portion, I detected—what to my mind at the time appeared to be—a calculus, at the same time a steady flow of urine followed, giving immediate relief. The next day the same difficulty presented itself, the same symptoms,—pain, frequent attempts at micturition, pulling at prepuce, &c. The probe was again passed, allowing small quantities of urine to escape, but no distinct obstacle could now be encountered, none at least to lead to a confirmation of my previous suspicions. After repeating the operation for three or four days with the probe,—every attempt at introducing the smallest cathether having failed,—I resolved to have a consultation. And next day, accompanied by my friend, Dr. Mearns, of this place, proceeded to administer chloroform, with the view of giving the passage a more thorough examination. This, however, proved futile, as the paroxysms of crying prevented its administration. But on careful examination without it, we concluded the case to be one of spasmodic stricture near the neck. The impression conveyed by the instrument being somewhat similar to that felt in making a false passage. The treatment adopted consisted of belladonna cream to the perinæum, warm hip baths, and sedative injections. These appeared to have a temporizing effect for a time; but on the second day following, five convulsions in the space of half an hour occurred. The case was now becoming complicated, and if shrouded in mystery before, now appeared doubly so. The little fellow, however, continued to improve for a week or ten days, sometimes passing his water tolerably well, then again dribbling,—*stillicidium urinæ*,—until last week, when I was again called to see him, this time in more distress than before. But to my delight on passing the probe into the urethra, and about half way and entirely filling the calibre of that passage, it came in contact with—for a certainty now—a large calculus, which was extracted with some considerable difficulty—owing to its size and the violent efforts of the patient—by means of a probe and slender pair of forceps. The stone is about the size and shape of a small bean, of the lithic acid variety, being hard, smooth, and of a reddish brown color.

I might mention that had we been able to administer the chloroform in the first instance, the difficulty of forming a correct diagnosis would have been greatly lessened; but with the crying and violent distortions of the little fellow, the difficulty of securing a satisfactory examination was quite impossible, thus debarring any operative measures for relief, reliance being placed for the time on temporizing means.

I am induced to record the above from the fact that calculi of the size above mentioned seldom find their way into the urethra of an adult, much less a child of the above age. Dr. Constantinides, of Toronto, in an early number of the LANCET, records a case somewhat similar, in which the nature of the trouble was entirely overlooked.

In the present instance it is worth while to consider whether the application of the belladonna cream did not have some salutary effect in promoting the further expulsion of the foreign body, by means of its relaxing action on the muscular fibres of the canal.

DR. BALLE presented the other day to the Faculté de Médecine a young girl aged fourteen, named Blanche Dumas, from Issoudun, whose body, from the waist downward, is double,—the two parts acting independently of each other. The two legs she uses for walking belonging to a different trunk, while a third one is quite insensible to pain. Her health is good.—*London Lancet.*

Correspondence.

From our New York Correspondent.

COLLEGE OF PHYSICIANS AND SURGEONS OF NEW YORK.

Sir,—I hope the inclosed letter will be found satisfactory and worthy of publication. It is very dull here just now in medical matters as in business. I am going over to the Brooklyn City Hospital the coming week, and hope to find something of interest there for next month.

Through the kindness of Dr. Hart, assistant surgeon to St. Luke's Hospital in the city, I had the pleasure of going through the wards, &c., and of obtaining some interesting facts as to the *modus operandi* of things here.

In speaking of fractures he said, "we always put a fracture up in plaster immediately on coming in, even Colles'. We get no swelling or inconvenience." Some six weeks ago a case of fracture of the patella came in. They immediately applied ordinary rollers in the usual way from the foot to the tubercle of the tibia, at which place the figure 8 plan was adopted, so as to draw the fragments together, the limb being extended; another roller was then put over this and plaster rubbed on, then another bandage over that. The same operation was repeated, making two layers of plaster. In a short time the foot became very blue and swollen. It was, however, carefully watched, and congestion and swelling subsided in a few hours. This apparatus was left on for six continuous weeks, when it was removed, and a not unusual amount of stiffness was found to exist; passive motion is being used, and there is every chance of his having perfect action and almost no deformity, the union being probably bony.

The wards of this Hospital are certainly one of the sights of this great city. The beds, with their little white curtains, the herbarium or aquarium in each ward, the neatness, cleanliness, the kindness and forethought, by which every want is anticipated and met by the sisters, present so pleasing a picture of real life, that one might almost consider it a pleasure to be sick and received in such an institution. A new and well lighted operating room has been built lately, having every convenience which ingenuity could suggest, or money purchase. A great peculiarity in it is, that all the instruments will be kept in a series of drawers and show-case in the room—right at hand. In this respect at least it will have one advantage over all rooms of a similar nature in New York.

I heard the merest outlines of a somewhat unusual operation which took place here on a private patient I believe. The operation was to relieve stricture of the Æsophagus from scirrhus of the cardiac orifice of the stomach.

The operation was conducted, as I understand, as in colotomy. The stomach was opened and a canula introduced into the æsophagus. The food is to be injected through this. A considerable quantity of blood and gastric contents escaped into the cavity of the peritoneum, making the prognosis unfavorable. The operator is not considered one of leading surgeons here, unfortunately I failed to catch his name.

Dr. Curtis, who lectures on diseases and injuries of bloodvessels at the N. Y. College of Physicians and Surgeons, performed an interesting, and I believe, original experiment, to illustrate the regular jetting movement of the blood. A dog was etherized (ether being almost exclusively used here as an anæsthetic agent), the common carotid exposed and a glass tube bent at right angles introduced, the circulation in the artery being controlled by means of a ligature, which could be loosened at pleasure. One table was placed in front of another, the dog placed in a recumbent position on the most distant and a large sheet of white paper on the nearest one, and in the same plane as the animal. The ligature was then loosened and the paper moved along at an equable rate by an assistant, the blood on issuing making a perfect but somewhat irregular mark, owing to the spreading of the fluid, which corresponded exactly to the markings of the sphygmograph with a healthy pulse, the apex of the marking corresponding to the moment of greatest contraction. Altogether the experiment was unique and interesting.

Nothing of much moment seems to be going on in professional circles at present.

G .S. Ryerson.

(To the Editor of the Lancet.)

Sir,—I read in the last issue of the Lancet, with some surprise, the following declaration: "We consider it a matter for regret that various

members of the profession, who have of late been figuring in the *Globe* and *Mail*, did not consider the pages of the medical journals a fitter arena for a warfare of this kind than the columns of a daily newspaper, and thus limit at least the ridicule of the public. In a medical journal such a discussion, temperately and courteously conducted, would be to the *manor born;* in a newspaper the disputants are always open to the suspicion of an endeavour to exalt their own personality." The late contest between the promoters of Dr. Baxter's Bill and those who opposed it, was based on public grounds, not professional purely. The issue was between those who claimed to have the interests of the medical profession at heart, and those who were actuated by personal motives, or by prejudice. In matters pertaining to professional ethics and etiquette,—in everything relating to the internal government and conduct of the members of the profession, there can be no question as to the impropriety of resorting to the public press. But when legislation is sought from a Parliament elected by the public; when in fact the profession has to appeal to the public, and meet such objections as may be raised by the public against the desired legislation, surely the public press is the only channel by which the public ear can be reached. I have no doubt the CANADA LANCET has a wide circulation among the profession of Ontario, but I have yet to learn that it is read extensively by the general community, or even among the members of the Legislature.

ETHICS.

Toronto, 15th April, 1874.

ONTARIO MEDICAL ACT.

Passed, 12th March, 1874.

WHEREAS it is expedient to amend and consolidate the Acts relating to the medical profession of Ontario; Therefore, Her Majesty, by and with the consent of the Legislative Assembly of the Province of Ontario, enacts as follows:

1. The Act of Parliament of the late Province of Canada, passed in the twenty-ninth year of the reign of Her Majesty, chaptered thirty-four; the Act chaptered forty-one of the Consolidated Statutes for Upper Canada; the Act passed in the twenty-fourth year of Her Majesty's reign, chaptered one hundred and ten; and the Act chaptered forty-five of the Province of Ontario, passed in the thirty-second year of Her Majesty's reign, and all Acts amending any of the said Acts are hereby repealed, and the provisions of this Act shall stand in the place of the provisions of the said Acts; but all proceedings heretofore taken and all matters and things done under the said Acts shall be valid and effectual, notwithstanding such repeal, and may be carried on and completed under this Act as effectually as they could have been under the said Acts.

2. The council and boards established, and the members thereof elected under the provisions of the Acts repealed shall be continued, and shall act until after the first election as hereinafter provided, but subject in all other respects to the provisions of this Act; and all by-laws, rules and regulations heretofore made by the said council and boards shall remain in force until repealed or modified under the provisions of this Act.

3. The officers appointed under the provisions of the Act last above mentioned shall retain their respective offices and perform their respective duties under the provisions of this Act, and all books and registers heretofore kept by them in conformity with the Acts hereby repealed shall be continued in use for their respective purposes under this Act.

4. The repeal of the said Act, passed in the twenty-ninth year of the reign of Her Majesty Queen Victoria, chaptered thirty four of the late Province of Canada, and also the repeal of the said Act passed in the thirty-seeond year of the reign of Her said Majesty, and chaptered forty-five, of the Province of Ontario, shall not have the effect of reviving the Acts repealed by them, nor of modifying or restricting in any way whatsoever the saving effect of the thirty-sixth section of the said Act passed in the twenty-ninth year of the reign of her said Majesty, and chaptered thirty-four, of the late Province of Canada.

5. This Act may be cited as the "Ontario Medical Act."

6. The medical profession of Ontario is hereby incorporated under the name and style of "The College of Physicians and Surgeons of Ontario," and the said College of Physicians and Surgeons of Ontario shall be deemed to be and to have been from the date of its first establishment a body corporate by the name aforesaid, having perpetual succession and a common seal, with a capacity to acquire, hold and dispose of chattel property and real estate for the purposes of this Act; possessing power to sue and be sued in the manner usual with such corporations; and every person registered according to the provisions of the Act passed in the twenty-ninth year of the reign of her said Majesty, and chaptered thirty-four, and the provisions of the Act passed in the thirty-second

year of the reign of her said Majesty, and chaptered forty-five, and the Acts amending the same, shall be and is hereby made a member of the said College of Physicians and Surgeons of Ontario, and every person who may be registered hereafter under the provisions of this Act shall be a member of the said College.

7. There shall be a council of the College of Physicians and Surgeons of Ontario to be appointed in the manner hereinafter provided for in this Act, and referred to in this Act as the "Council."

8. The council shall be composed as follows: of one member to be chosen from each of the colleges and bodies hereinafter designated, to wit: The University of Toronto, Queen's University and College of Kingston, University of Victoria College, University of Trinity College, Royal College of Physicians and Surgeons, Kingston, Toronto School of Medicine, and of every other college or body in the Province now by law authorized or which may be hereafter authorized to establish a medical faculty in connection therewith, and to grant degrees in medicine and surgery or other certificates of qualification to practise the same: Provided always, that no teacher, professor or lecturer of any of the before-mentioned colleges or bodies shall hold a seat in the council except as a representative of the college or body to which he belongs:

2. There shall also belong to the said council five members to be elected by the duly licensed practitioners in Homœopathy who have been registered under this Act, or under the provisions of the Act, passed in the thirty-second year of the reign of her present Majesty, and chaptered forty-five; and the five representatives of the eclectic system in the said Council at the time of the passing of this Act, shall be continued as such representatives for a period of five years from the passing of this Act, when such representatives in the Council shall cease and determine; and if any vacancies should occur therein during the same period, such vacancy may be filled as hereinafter mentioned:

3. The twelve members who shall be elected in the manner hereinafter provided from amongst and by the registered members of the profession other than those mentioned in the next preceding subsection shall be residents of the several territorial divisions for which they are elected.

9. All members of the council, representing the colleges or bodies in the eighth section mentioned, shall be practitioners duly registered under this Act or the before mentioned Acts.

10. Of the twelve members to be elected from amongst the registered practitioners of medicine in the Province of Ontario, one shall be so elected from each of the territorial divisions mentioned in schedule C to this Act annexed, by the registered practitioners of medicine resident in such division; and the manner of holding such election shall, with respect to the time thereof and the taking the votes therefor, be determined by a by-law, to be passed by the council, and in default of such by-law being made, then the Lieutenant-Governor shall prescribe the time and manner of holding such election.

11. The members of the council shall be elected or appointed as the case may be, for a period of five years; but any member may resign his appointment at any time by letter addressed to the President or Registrar of the Council; and upon the death or resignation of any member of the Council, it shall be the duty of the Registrar forthwith to notify the college or body wherein such vacancy may occur, of such death or resignation; and such college or body shall have the power to nominate another duly qualified person to fill such vacancy; or, if the vacancy be caused by death or resignation of any member elected from the territorial division, the registrar shall forthwith cause a new election to be held in such territorial division in such manner as shall be provided for by by-law of the council, and such election shall be conducted in accordance with the by-laws and regulations of the council, but it shall be lawful for the council during such vacancy to exercise the powers hereinafter mentioned:

2. In the event of the death or resignation of any member of the council representing the practitioners of the Homœopathic or Eclectic systems of Medicine respectively, it shall be lawful for the remaining representatives of Homœopathy or the Eclectic system respectively in the council to fill such vacancy by selecting from amongst the duly registered practitioners in Homœopathy or the Eclectic system respectively a person to fill the said vacancy, caused either by death or resignation.

12. The first election, under this Act, for members to represent the territorial divisions in the council, shall take place on the second Tuesday in June, in the year of our Lord one thousand eight hundred and seventy-five, at such places in the several divisions as shall be fixed by by-law of the council, and the council shall by by-law direct the notices of said election to be given in such manner and time as may seem expedient, and shall also make by-laws and regulations appointing the returning officers, and directing the manner in which elections shall be conducted, and the expenses of the same paid for.

2. The first election, under this Act, for members to represent the duly licensed and registered practitioners in the Homœopathic system of medicine in the council shall take place on the second Tuesday in June, one thousand eight

hundred and seventy-five, in such manner and at such places as shall be fixed by by-law of the Council, and in default of such by-law being made then the Lieutenant Governor shall prescribe the terms and manner of such election;

3. In case of any doubt or dispute as to the legality of the election of any member of the Council, it shall be lawful for the council to hold an enquiry and decide who is legally elected member of the council, and such person shall be and be deemed to be the member legally elected, and if such election shall be found to have been illegal the council shall have power to order a new election.

13. The said newly elected members of the council as well as all the members of the council to be hereafter elected, shall, together with the members to be appointed by the several colleges and bodies as mentioned in section eight of this Act, hold their first meeting at such time and place as may be fixed by by-law of the council.

14. The persons entitled to vote under this Act at any election shall be all duly registered practpractitioners.

2. Any member of the College of Physicians and Surgeons of Ontario may have his name transferred from one class of voters to any other class on his presenting to the registrar a certificate duly signed by such member or members of the board of examiners appointed by the council to examine candidates on the subjects specified in the said Act, as peculiar to each school of medicine, testifying that the member so applying to have his name so transferred has shown a sufficient knowledge of the system of medicine he desires to connect himself with, to entitle him to be admitted to the classification he desires, and being so admitted he shall be entitled to vote in that class only: Provided always that no member shall be entitled to return to the class from which he has been so transferred without the sanction of the council; but no member shall at any time be entitled to vote in more than one class of the voters who, in accordance with the provisions of this Act, vote in the election of the members of the council; and there shall be payable to the registrar for such transfer the same charge as is usual for the registration of an additional qualification, namely two dollars.

15. The council shall hold its first meeting under the Act in Toronto, and at such time and place as the president of the council or, in case of his absence or death, the registrar for the time being shall appoint therefor, and shall make such rules and regulations as to the times and places of subsequent meetings of the council, and the mode of summoning the same, as to them shall seem expedient: which rules and regulations shall remain in force till altered at any subsequent meeting; and in the absence of any rule or regulation as to the summoning of future meetings of the council it shall be lawful for the president thereof or, in the event of his absence or death, for the registrar to summon the same at such time and place as to him shall seem fit, by circular letter to be mailed to each member: Provided always that at least two weeks' notice of such meeting be given, and in the event of the absence of the president from any meeting the vice-president or, in his absence, some other member to be chosen from among the members present shall act as president; and all the acts of the council shall be decided by the majority of the members present, not being less than nine in number, and at all meetings the president for the time being shall have a casting vote only.

16. There shall be paid to the members of the council such fees for attendance, and such reasonable travelling expenses, as shall from time to time be fixed by by-law passed by the said council.

17. The council shall annually appoint a president, vice-president, registrar, treasurer, and such other officers as may from time to time be necessary for the working of this Act, who shall hold office during the pleasure of the council; and the said council shall have power to fix by by-law, or from time to time, the salary or fees to be paid to such officers, and to the board of examiners hereinafter appointed

2. The council shall appoint annually from among its members an "executive committee," to take cognizance of and action upon all such matters, as may be delegated to it by the council, or such as may require immediate interference or attention between the adjournment of the council and its next meeting; and all such acts shall be valid only till the next ensuing meeting of the council: Provided that such committee shall have no power to alter, repeal or suspend any by-law of the council.

18. In each of the territorial divisions described in schedule C. of this Act there may be established a "Territorial Division Medical Association," which may be briefly called "The Division Association" of such division; every member of the College of Physicians and Surgeons of Ontario, resident within the said territorial division, shall be a member; and the representative in the council shall be "*ex officio*" chairman of such division association:

2. The said division association may from time to time submit to the council a tariff or tariffs of professional fees, suitable to their division, or to separate portions of their division; and upon the said tariff or tariffs of fees receiving the approval of the council, signified by the seal of the college and by the signature of the president thereof, being

appended thereto, such tariff or tariffs shall be held to be a "scale of reasonable charges" within the meaning of section number thirty of this Act for the division or section of a division where the member making the charge resides.

Medical Registration.

19. The council shall cause to be kept by an officer appointed by them, and to be called the "Registrar," a book or register, in which shall be entered the name of every person registered according to the provisions of the Act passed in the twenty-ninth year of the reign of her said Majesty, and chaptered thirty-four, and the provisions of the Act passed in the thirty-second year of the reign of her said Majesty, and chaptered forty-five, and the Acts amending the same; and from time to time the names of all persons who have complied with the enactments hereinafter contained, and with the rules and regulations made or to be made by the council respecting the qualifications to be required from practitioners of medicine, surgery and midwifery in this Province, and those persons only whose names have been or shall hereafter be inscribed on the book or registrar above mentioned, shall be deemed to be qualified and licensed to practice medicine, surgery or midwifery in the Province of Ontario, except as hereinafter provided; and such book or register shall at all times be open, and subject to inspection by any duly registered practitioner in Ontario, or any other person.

20. It shall be the duty of the registrar to keep his register correct, in accordance with the provisions of this Act, and the rules, orders and regulations of the council, and he shall from time to time make the necessary alterations in the addresses or qualifications of the persons registered under this Act; and the said Registrar shall perform such other duties as shall be imposed upon him by the council.

21. Every person who possesses any one or more of the qualifications described in schedule A. to this Act, dated prior to the twenty-third day of July, one thousand eight hundred and seventy, shall, on payment of a fee to be fixed by by-law of the council, not exceeding ten dollars, be entitled to be registered, on producing to the Registrar the document conferring or evidencing the qualification or each of the qualifications in respect whereof he seeks to be so registered, or upon transmitting by post to the registrar information of his name and address, and evidence of the qualification or qualifications in respect whereof he seeks to be registered, and of the time or times at which the same was or were respectively attained: Provided also that no one registered under the Acts first above mentioned shall be liable to pay any fee for being registered under this Act.

22. Every person desirous of being registered under the provisions of this Act, and who shall not have become possessed of any one of the qualifications in the said schedule A. mentioned before the twenty-third day of July, one thousand eight hundred and seventy, shall, before being entitled to registration, present himself for examination as to his knowledge and skill for the efficient practice of his profession, before the board of examiners, in the next section mentioned; and upon passing the examination required, and proving to the satisfaction of the board of examiners that he has complied with the rules and regulations made by the council, and on the payment of such fees as the council may by general by-law establish, such person shall be entitled to be registered, and in virtue of such registration to practice medicine, surgery and midwifery in the Province of Ontario: Provided always, that when and as soon as it shall appear that there has been established a "Central Examining Board," similar to that constituted by this Act, or an institution duly recognized by the Legislature of any of the Provinces forming the Dominion of Canada, other than Ontario, as the sole examining body for the purpose of granting certificates of qualification, and wherein the curriculum shall be equal to that established in Ontario; and the holder of such certificate shall upon due proof be entitled to registration by the council of Ontario, if the same privilege be accorded by such examining board or institution to those holding certificates in Ontario: Provided also, that it shall be optional for the council to admit to registration all such persons as are duly registered in the medical register of Great Britain, or are otherwise authorized to practice physic, surgery and midwifery in the United Kingdom of Great Britain and Ireland, upon such terms as the council may deem expedient.

2. Any person who was actually practising medicine, surgery or midwifery, or any of them in Ontario, prior to the first of January, one thousand eight hundred and fifty, and who shall have attended one course of lectures at any recognized medical school, shall, upon such proof as the council may require, be entitled to registration under this Act;

3. Any person who was actually practising medicine, surgery or midwifery according to the principles of homœopathy or the eclectic system of medicine, before the first day of January, one thousand eight hundred and fifty, and for the last six years in Ontario, may in the discretion of the representatives of the homœopathic or eclectic system of medicine respectively be admitted to registration under this Act.

4. Each member of the college shall pay to the Registrar or to any person deputed by the Registrar to receive it, on or before the first day of May next, a fee of one dollar, and in any year there-

after such annual fee as may be determined by by-law of the council not less than one nor more than two dollars, towards the general expenses of the college, which last mentioned fee shall be payable on the first day of January in any year the same may be imposed, and such fee shall be deemed to be a debt due by the member to the college, and be recoverable with costs of suit in the name of the College of Physicians and Surgeons of Ontario, in the division court where the member resides.

23. At the first regular meeting of the council after the passing of this Act, and at the annual meeting in each year thereafter, there shall be elected by the members of the said council a "Board of Examiners," whose duty it shall be at least once in each year to examine all candidates for registration in accordance with the by-laws, rules and regulations of the council; such examinations to be held at Toronto or Kingston at such times and in such manner as the council shall by by-law direct.

24. The Board of Examiners appointed under the preceding section, shall be composed as follows: One member from each of the four teaching bodies now existing in Ontario, and one from every other School of Medicine which may be hereafter organized in connection with any University or College which is empowered by law to grant medical or surgical diplomas; and a number not exceeding five members to be chosen from among those members of the College of Physicians and Surgeons of Ontario, who are unconnected with any of the above teaching bodies: Provided always, that every candidate who shall, at the time of his examination, signify his wish to be registered as a Homœopathic or Eclectic practitioner, shall not be required to pass an examination in either Materia Medica or Therapeutics, or in the Theory or Practice of Physic, or in Surgery or Midwifery, except the operative practical parts thereof, before any examiners other than those approved of by the representatives in the council of the body to which he shall signify his wish to belong.

25. The council shall from time to time as occasion may require, make orders, regulations, or by-laws for regulating the registers to be kept under this Act, and the fees to be paid for registration, and shall from time to time make rules and regulations for the guidance of the board of examiners, and may prescribe the subjects and modes of the examinations, the time and place of holding the same, and generally may make all such rules and regulations in respect of such examinations not contrary to the provisions of this Act, as they may deem expedient and necessary.

26. Any person entitled to be registered under this Act, but who shall neglect or omit to be so registered, within six months after the passing of this Act, shall not be entitled to any of the rights or privileges conferred by registration under the provisions of this Act, so long as such neglect or omission continues, and he shall be liable to all the penalties imposed by this Act, or by any other Act which may now be in force against unqualified or unregistered practitioners.

27. If the registrar make or cause to be made any wilful falsification in any matter relating to the register, he shall incur a penalty of fifty dollars, and shall be disqualified from again holding that position.

Medical Education.

28. Every person registered under this Act who may have obtained any higher degree of qualification other than the qualification in respect of which he may have been registered, shall be entitled to have such higher degree or additional qualification inserted in the register in substitution for, or in addition to, the qualification previously registered, on the payment of such fee as the council may appoint.

29. No qualification shall be entered on the register either on the first registration or by way of addition to a registered name unless the registrar be satisfied by proper evidence that the person claiming is entitled to it; and any appeal from the decision of the registrar may be decided by the council, and any entry which shall be proved to the satisfaction of the council to have been fraudulently or incorrectly made, may be erased from the register by an order in the writing of the council: Provided always, that in the event of the registrar being dissatisfied with the evidence adduced by the person claiming to be registered, he shall have the power, subject to an appeal to the council, of refusing the said registration until the person claiming to be registered shall have furnished such evidence duly attested by oath or affirmation, before the judge of the county court of any county in Ontario.

30. Every person who shall be registered under the provisions of this Act, shall be entitled according to his qualification or qualifications to practice medicine, surgery or midwifery, or any of them, as the case may be, in the Province of Ontario, and to demand and recover in any court of law, with full costs of suit, "reasonable charges" for professional aid, advice and visits, and the cost of any medicine or other medical or surgical appliances rendered or supplied by him to his patients.

31. The registrar of the council shall from time to time under the direction of the council, cause to be printed and published a correct register of the names in alphabetical order according to the surnames, with the respective residences in the form set forth in schedule B. to this Act, or to the like effect, together with the medical titles, diplomas

and qualifications conferred by any college or body, with the dates thereof, of all persons appearing on the register as existing on the day of publication; and such register shall be called "The Ontario Medical Register;" and a copy of such register for the time being purporting to be so printed and published as aforesaid, shall be *prima facie* evidence in all courts and before all justices of the peace and others, that the persons therein specified are registered according to the provisions of this Act, and the absence of the name of any person from such copy shall be *prima facie* evidence that such person is not registered according to the provisions of this Act: Provided always, that in the case of any person whose name does not appear in such copy, a certified copy under the hand of the registrar of the council of the entry of the name of such person on the register, shall be evidence that such person is registered under the provisions of this Act.

32. The council shall have power and authority to appoint an examiner or examiners for the admission of all students to the matriculation or preliminary examination, and to make by-laws and regulations for determining the admission and enrolment of students: Provided always, that any change in the curriculum of studies fixed by the council shall not come into effect until one year after such change is made;

2. Until a Homœopathic Medical College for teaching purposes shall have been established in Ontario, candidates wishing to be registered as Homœopathists, shall pass the matriculation examination established by this Act, as the preliminary examination for all students in medicine, and shall present evidence of having spent the full period of study required by the curriculum of the council, under the supervision of a duly registered Homœopathic practitioner: Provided that, for a period of four years from the passing of this Act, such Homœopathic students may pass their matriculation examination at any time prior to the passing of their professional examination. Such candidates must also have complied with the full curriculum of studies, prescribed from time to time by the council for all medical students, but the full time of attendance upon lectures and hospitals required by the curriculum of the council may be spent in such Homœopathic Medical Colleges in the United States or Europe as shall be recognized by a majority of the Homœopathic members of the Council, provided that in all Homœopathic Colleges, where the winter course of lectures is of only four months duration, that certified tickets of attendance on one such course shall be held to be equivalent to two-thirds of one six months course, as required by the council; and when such teaching body shall have been established in Ontario, it shall be optional for such candidates to pursue in part or in full the required curriculum in Ontario.

3. The council shall from time to time as it may deem expedient, enact by-laws as to the terms upon which it will receive the matriculation, and other certificates of colleges and other institutions not in the Province of Ontario.

4. Any graduate or any student having matriculated in arts in any university in Her Majesty's dominions, shall not be required to pass the preliminary examination.

33. The council shall have power and authority to fix and determine from time to time a curriculum of studies to be pursued by the students, and such curriculum of studies shall be observed and taught by all colleges referred to in section eight of this Act.

Penal and General Clauses.

34. Any registered medical practitioner who shall have been convicted of any felony in any court shall thereby forfeit his right to registration, and by the direction of the council his name shall be erased from the register, or in case of a person known to have been convicted of felony, who shall present himself for registration, the registrar shall have power to refuse such registration.

35. No person shall be entitled to recover any charge in any court of law for medical or surgical advice, or for attendance, or for the performance of any operation, or for any medicine which he shall have prescribed or supplied, unless he is registered under this Act: Provided this clause shall not extend to the sale of any drug or medicine by any duly licensed chemist or druggist.

36. The words "legally qualified medical practitioner," or duly qualified medical practitioner," or any other words importing legal recognition of any person as a medical practitioner or member of the medical profession, when used in any Act or law, shall, in so far as such Act or law applies to this Province, be construed to mean a person registered under this Act.

37. No person shall be appointed as medical officer, physician or surgeon in any branch of the public service of the Province of Ontario, or in any hospital or other charitable institution not supported wholly by voluntary contributions, unless he is registered under the provisions of this Act.

38. No certificate required by any Act now in force, or that may hereafter be passed, from any physician or surgeon or medical practitioner, shall be valid unless the person signing the same shall be registered under this Act.

39. If any person shall procure or cause to be procured his registration under this Act, by means of any false or fradulent representation or declaration, either verbally or in writing, it shall be lawful for the registrar, upon receipt of sufficient evidence of the falsity or fraudulent character of said repre-

sentation or declaration, to represent the matter to the council, and upon the written order of the president, attested by the seal of the college, to erase the name of such person from the register, and to make known the fact and cause of such erasure by notice to be published in the *Ontario Gazette;* and after such notice has appeared the person whose name has been erased as aforesaid shall cease to be a member of the College of Physicians and Surgeons of Ontario, and shall cease to enjoy any of the privileges conferred by registration under this Act at any future time, without the express sanction of the council. If any person shall wilfully procure or attempt to procure himself to be registered under this Act, by making any false or fraudulent representation or declaration, either verbally or in writing, every person so offending shall on conviction thereof before any justice of the peace incur a penalty not exceeding one hundred dollars, and every person knowingly aiding and assisting him therein shall on conviction thereof incur a penalty of not less than twenty nor more than fifty dollars for each such offence.

40. It shall not be lawful for any person not registered to practice physic, surgery or midwifery in the Province of Ontario for hire, gain or hope of reward; and if any person not registered under this Act shall for hire, gain or hope of reward practice or profess to practice physic, surgery or midwifery, or advertise to give advice in physic, surgery or midwifery in the Province of Ontario, he shall upon a summary conviction thereof before any justice of the peace, for any and every such offence, pay a penalty not exceeding one hundred dollars nor less than twenty-five dollars :

2. Any person who shall wilfully or falsely pretend to be a physician, doctor of medicine, surgeon or general practitioner, or shall assume any title, addition or description other than he actually possesses and is legally entitled to, shall be liable on conviction thereof before a justice of the peace to a penalty not exceeding fifty dollars, nor less than ten dollars :

3. Any person not registered under this Act who shall take or use any name, title, addition or description implying or calculated to lead people to infer that he is registered under this Act, or that he is recognized by law as a physician, surgeon, accoucheur, or a licentiate in medicine, surgery or midwifery, shall be liable upon a summary conviction thereof before any justice of the peace to pay any penalty not exceeding one hundred dollars, nor less than twenty-five dollars;

4. In any trial under this Act the burden of proof as to registration shall be upon the person charged.

5. All prosecutions under this Act may be brought or heard before any one or more of Her Majesty's justices of the peace having jurisdiction where any such offence has been committed; and such justice or justices shall have power to award payment of costs in addition to the penalty; and in case the penalty and costs awarded by him or them be not upon conviction forthwith paid, to commit the offender to the common gaol, there to be imprisoned for any term not exceeding one month, unless the penalty and costs be sooner paid;

6. Any person convicted under this Act who shall give notice of appeal against the decision of the convicting justice, shall be required before being released from custody to give to said justice satisfactory security for the amount of the penalty, costs of conviction and appeal.

41. All penalties recoverable under this Act shall be paid to the convicting justice and by him paid to the registrar of the college, and shall form part of the funds thereof: any person may be prosecutor or complainant under this Act; and the council may allot such portion of the penalties recovered as may be expedient towards the payment of such prosecutor: Provided always, that every prosecution under this Act shall be commenced within one year from the date of the alleged offence; and it is hereby provided that it shall be lawful for the council, by an order signed by the president having the seal of the college appended thereto, to stay proceedings in any prosecution under this Act where it may be deemed expedient.

42. In all cases where proof of registration under this Act is required to be made, the production of a printed or other copy of the register, certified under the hand of the registrar of the council for the time being shall be sufficient evidence of all persons who are registered practitioners, in lieu of the production of the original register, and any certificate upon such printed or other copy of the register, purporting to be signed by any person in his capacity of registrar of the council under this Act shall be *prima facie* evidence that such person is such registrar without any proof of his signature or of his being in fact such registrar.

43. All prosecutions against any one acting in contravention of the provisions of this Act, shall take place in accordance with the "Summary Proceedings Act;" and all money forming part of the council funds shall be paid to the treasurer, and may be applied to carry this Act into execution.

The report from Munich to March 10th is, that that the number of cases of cholera is decreasing rapidly. Since the commencement of the epidemic, there have been up to the above-mentioned date, 2,931 cases, with 1,389 deaihs.

Selected Articles.

SIR JAMES PAGET ON CANCER.

(Pathological Society, London, England.)

Sir James Paget said that he had had the advantage of reading the speech of Mr. De Morgan, and found that they were much more at one upon the pathology of cancer than he believed he should have thought had he only heard it. He found Mr. De Morgan holding that we must look for at once a local and a constitutional origin of cancer. "All," said Mr. De Morgan, "that we see in the life of cancer naturally leads to a belief that the disease must, from the first, be more than a mere local tissue-change ; and, in one sense, and to a certain extent, I must admit that this belief is well-founded." And again,—"The view which I would maintain is, that though it be local in its origin, there is in some, perhaps in all, cases a predisposition to the disease which may possibly be distributed through the system, but which more probably has its seat in some among the tissues of the body." To those opinions Sir James would entirely conform, and if he found anything to object to, it would not be to those, but to the half-willing manner in which Mr. De Morgan makes the admission. Mr. De Morgan exalts the local element ; Sir James held that we must admit both elements. For the sake of discussion he would accept all Mr. Morgan's definitions—of "constitution," and of "cancer" —except that he would perhaps hesitate to admit rodent ulcer among the cancers ; and he would abide by the limits set by Mr. De Morgan. If we look through the pathology of cancer we cannot doubt that there are certain cases where no constitutional cause can be found. When the scar of an old burn becomes the seat of cancer we are almost ready to say that there must have been so little predisposition to cancer that it wanted a tissue specially prepared for its development. The same might be said of some cases of cancer of the lip. Yet in these and similar cases it is frequently observed that the change to cancer is quite suddenly developed, as if there were some other circumstance in existence than the evident one. Again, when we contemplate the list of morbid growths, and trace them passing gradually from the simple fatty tumour at one end to cancer at the other, we have a difficulty in believing that cancer is a constitutional disease. If we studied the morbid growths in this connection only, we should think of their local origin only. But if we look at the further end of the list, at rapid growth and rapid destruction, so unlike all local disease, we must admit another pathology ; or we mnst say that in the great group of tumours there is at one end a constitutional element, and at the other little or none. Sir James wished to insist upon this constitutional factor in the origin of cancer, and he would draw attention especially to the following points :— First, the manner of its inheritance ; not the mere fact of its inheritance, but the manner of this. This cannot be over-estimated. The more he saw of cancer in families whose history was accurately known, the more was he impressed with the hereditary nature of the disease. At first among hospital patients he believed cancer was inherited in one in six cases ; but he came to estimate the proportion at one in four. Now in private practice, where the family history is well known, the proportion has risen in his experience to one in three. And at the same time it must not be forgotten that all cases of cancer are not recognized—for example, internal cancers,—and that persons may die of some other disease before cancer has manifested itself in them. For if a man has not lived to the usual term of life, it cannot be said that he would not have had cancer. Cancer is a disease of degeneration, increasing in frequency of occurrence with age. Cases are far from rare where the offspring dies of cancer before the parent ; the parent may refuse to acknowledge a cancerous history in the family, but after a few years he himself falls a victim to the same disease. Sir James was disposed to hold that it is not possible to conceive of such disease without inheritance. But local diseases are also inherited, and he does not adduce this as as a proof of constitutional origin. Fatty tumours, cutaneous cysts, cartilaginous tumours, and malformations, are all inherited. He would not, therefore, connect the constitutional character of the disease with the mere fact of inheritance, but with the manner of the inheritance. When a constitutional disease is inherited, it does not necessarily occur in the offspring in the same organ or tissue as in the parent. Fatty and cartilaginous tumours, cutaneous cysts, and malformations appear in corresponding tissues in the offspring. This is a rule in these growths ; but there is in no sense such a rule of imitation in the case of cancer. This fact is illustrated by the cases of cancer published *Medical and Chirurgical Society's Transactions* by Mr. Baker, in one-half of which there is no rule in the locality of the recurrent growth—for example, cancer of the cheek in the parent may be followed by cancer of bone in the child. There is no relation of place or of texture. He had himself seen one instance of the total disregard of rule in this way. A lady died of cancer of the stomach; one daughter of cancer of the stomach, and another of cancer of the breast. Of her grandchildren, one died of cancer of the breast, one of cancer of the bladder, one of cancer of the rectum, and one of cancer of the stomach. In this respect the transmission of cancer accords with the transmission of all other constitutional diseases, such as gout, syphilis, and tuberculosis. It would be well to study

cancer alongside other diseases which we are agreed to call constitutional, such as gout, syphilis, scrofula, and tuberculosis. Gout may make its appearance in the joints, skin, bronchial tubes, or lungs respectively of different members of the offspring of a gouty subject, and so with the other diseases enumerated. The effect of injuries on the production of cancer is in favour of its being included in the class of constitutional diseases. In a very large number of cases cancer follows an injury, and that so distinctly that the two occurrences cannot be disconnected. Now we know the limits of possible effect of an injury on a tissue as well as we know anything in pathology—inflammation, induration, overgrowth, and so on, or, at most, the production of some tumour like the tissue injured. When there is a decided deviation from this recognized course, we say there is some constitutional element at work. If a knee-joint suppurates instead of healing after a moderate injury, we say the patient is scrofulous. So in injuries to bones ; so in gouty persons ; and so in syphilitic subjects. This is as certain knowledge as any we possess in pathology. It is but the reading of the same fact with altered terms in the case of cancer. We say it is a constitutional tendency, and this opinion is much strengthened in those cases where we know there is a cancerous inheritance. Thus, a cancerous mother has a son; his lip is irritated by the pipe, and the ulcer becomes cancerous. The production of cancer by an injury is therefore a second reason for maintaining its constitutional nature. The next circumstance which indicates strongly the constitutional element in the origin of cancer is its recurrence after complete removal. Mr. De Morgan spoke of its "almost constant" recurrence ; but Sir James Paget would say that the cases are not more than 1 in 500 the constitutional predisposition may be exhausted, or other cause come into play. We do not say a person is not scrofulous if after amputation of a limb he has no fresh local outbreak. After all, however, the question is the contrast of cancer in this respect with other tumours. Now, these do not reappear after operation in more than one in 500. The case is a very strong one ; and we must remember that in our statistics we include all the records of strange cases. At the Pathological Society, for example, cases of simple tumours are brought forward more frequently when they happen to recur. Now, suppose one were to make a series of experiments, and perform vivisection—which such operations really are—500 times, he would be considered a bold man if he thought it necessary to repeat his experiments because the five hundredth case gave a different result from the others ; and that all the more if he performed a second series of the other kind. He would not use the single exception to overthrow the rule. But this is also true in regard to the manner of reproduction. Some tumours which are not cancerous recur after removal. The tumours which Sir James has called "recurrent fibroid tumours" recur again and again, and cannot be extirpated but by the removal of the whole limb which is their seat. He had himself once removed a tumour for the eighteenth time in seven or eight years from the thigh of a young woman. She died of pyæmia ; but had she lived the growth would probably have required removal again and again until the limb was sacrificed. Now, there is no such case in the whole history of cancer. He had removed another tumour for the seventh time ; and a third and fourth time may frequently occur. But such is never seen in cancer ; it would recur in distant organs. It is vain to attempt to explain this difference of seat of recurrence by any facts of difference of the physical condition of the tumours. It had been referred in this discussion to "mobility of cells." Now, if there is one kind of cancer that propagates faster than another, it is osteoid cancer, and yet no variety is so hard. Scirrhus is as hard as fibroma ; yet there is no comparison of their tendency to recur. On the other hand, recurrent fibroid tumours are as soft as possible, and yet they do not propogate themselves in distant parts. For this reason also, therefore, we must assume an essential difference between cancer and other growths. These circumstances impress us that we must not depreciate the constitutional element in the production of cancer. Yet Sir James is anxious not to depreciate the local element. Were he compelled to give an opinion, he would say that of the two the constitutional element is the most important. But it might be urged that cancer would thus come to be considered a blood-disease. Now, whether there is a morbid element in the blood or not, Sir James would not say. Yet, as in other constitutional diseases, we do well to hold that cancer owes *part* to the condition of the blood If we name various tissues we have a difficulty in imagining in which of them it can exist—as muscle, nerve, etc. Sir James cannot conceive the disease as existing in the all-pervading connective tissue ; he thinks it safer to say in the all-pervading blood. Analogy is in favour of this view. We have all-pervading blood-diseases which we know well, and it is to them that the likeness is found. Senile diabetes is an example in point ; the production of a carbuncle from this is singular,—it is the indication of the diseased blood of diabetes. So in cancer. The same applies in scurvy, and in what is called uræmia—all are blood-diseases. But it has been said that if cancer is described as a blood-disease, there are certain conditions that cannot be understood. These have been enumerated by Mr. De Morgan. But his objections apply to all or any other blood disease. First, that the poison should exist in the blood, and yet no indication be observed previous to the local outbreak. But does not the same occur in gout? Who feels so well as

the subject of gout just before an accute attack? In the same way there are intervals in the history of syphilis and scrofula. This argument is not more powerful, therefore, against cancer than against gout. Secondly, Mr. De Morgan urges that, during the existence of cancer, injuries may be inflicted on other parts of the body and no cancer result. This objection is met like the preceding. An attack of gout has been known by Sir James to follow an operation, but the healing of the wound is not locally affected by the blood-disorder. Thirdly, the long intervals of health in the subject of cancer may be similarly explained. Such intervals are familiar in the course of syphilis, gout, tuberculosis, or any other blood-diseases. Fourthly it has been said to be incompatible with the blood-origin of cancer that it does not affect secondarily the part it affects primarily. But the same holds true of gout and syphilis. Every one of these objections, therefore, applies equally strongly to any blood-disease whatever. The last objection which Sir James would notice to cancer being a blood-disease is that of its preponderance in women. This objection is easily answered. Cancer is a disease of degeneration, and we are misled if we think it anything else. The exceptions prove the rule. There exist in women two organs which are not found in men, and which have a period in their life-history corresponding with senile decay—the breast and the uterus. Now, if we separate these organs, we find that cancer is more common in men. These organs become senile at forty or fifty, and they should be compared with the organs of a man at eighty. It is this senile degeneration that is the sole cause of the preponderance of cancer cases in women. Pathology, said Sir James, would be the most repulsive of all studies did it not bring along with it some hope of good to be derived from it in respect of treatment. It had been urged in this discussion that the treatment of cancer was encouraging if it were considered a local disease. He would hold the very opposite opinion. All our attempts to cure cancer locally have totally and entirely failed. As far as therapeutics have yet gone they have been especially successful in providing remedies for constitutional diseases. The remedy for syphilis is as far removed from it as is one end of the world from the other. And yet mercury will cure the disease, not only in the parent, but in the child. Some day, perhaps, a remedy may be found for cancer as unexpected and as sure as mercury for syphilis—a remedy which may affect even the second generation. Sir James Paget concluded with the hope that, considering the great importance of the constitutional element in cancer, we shall not try to depreciate it either in the question of the pathology of the disease or in the search for its final remedy.—*Medical Times and Gazette.*

MERCURY.

Once more mercury is forcing itself upon the attention of medical men. A new discussion, or a new series of discussions has been raised, and it is necessary to direct attention to them. First of all, the opinions of Mr. Jonathan Hutchinson have been given to the profession through both the *Lancet* and the *Medical Times*. We therefore, first of all, quote the conclusions to which he has been led :—

"That mercury is probably a true vital antidote against the syphilitic virus, and that it is capable of bringing about a real cure. That, in practice, a good many cases are really cured by mercury, the cure being proved by the restoration of good health, and in some cases by renewed susceptibility to contagion. That the probability of cure depends upon the stage of development attained by the disease when the remedy is resorted to, and the perseverance with which it is used. That, in order to secure the antidotal efficacy of mercury against syphilis, it is desirable to introduce a considerable quantity into the system, and to protract its use over a very long time. That ptyalism and other evidences of the physiological action of mercury, so far from being beneficial, are, if possible, to be carefully avoided, since they prevent the sufficiently prolonged use of the remedy. That in cases in which the patient shows an idiosyncrasy peculiarly susceptible to mercury, the indication is to reduce the dose rather than omit the drug. That it is impossible to begin the administration of mercury too soon, and that it should be resorted to without loss of time in all cases in which a chancre treated early by mercury never show any of the characteristic syptoms of the secondary stage. That in other cases of mercurial cure of the chancre in which yet secondary symptoms do occur, they are usually milder than if allowed to develope without specific treatment. That when mercury does not wholly abrogate the secondary stage, it possesses a remarkable power in delaying it. That delayed outbreaks of secondary syphilis are to be regarded rather as proof that the administration had not been sufficiently persevering than that the remedy was not efficient. That it is probable that the risk of tertiary symptoms is in ratio with the severity and prolonged duration of the secondary stage. That there are some grounds for believing that the tertiary symptoms of syphilis are both less frequent and less severe in those who have been efficiently treated by mercury than in others. That mercury cautiously given does not, in a great majority of instances, do any injury to the general health, and that its local inconveniences may usually be prevented. That the doctrine of the real antidotal character of mercury in respect to syphilis ought to lead to much more prolonged administration of it, with the hope of destroying utterly all lingering

germs of the malady. That most collected stastistics as to duration of treatment and freedom from relapse are misleading, and worse than useless, because usually the treatment was too short to be effectual. That it has not yet been proved that there are any special forms of syphilitic disease in which mercury ought to be avoided, although, as a general rule, it is acknowledged that it must be used with more caution in all forms which are attended by ulceration than in others. That iodide of potassium possesses little or no efficacy against either the primary or secondary forms of syphilis. That the efficacy of mercury is often most signally proved in cases which have utterly resisted the action of iodide of potassum. That it does not much matter whether mercury is given by the mouth, by inunction, or by the vapour bath, provided that, whichever method be selected, care be taken to avoid salivation, purging, &c. That the doses usually resorted to for internal administration are for the most part too large, and thus often necessitate premature discontinuance of the remedy. That, if one method of administration does not succeed satisfactorily, another should be tried; and that in no case of difficulty should the vapour bath be forgotten."

Dr. Joseph Hermann, KK. Primarartz in Vienna, has written a work on the "Effect of Mercury on the Organism." In his preface he observes that he has spent nearly twenty years on the solution of the point, and this work is the result of his labours. He holds that mercury is not a remedy in syphilis, and the treatment of syphilis without mercury he asserts to be more ancient than the mercurial treatment. The length of cure of syphilis without mercury, he says, is clearly shorter than when the drug is used. When no mercury is used, the number of relapses is notably less than when mercury is used; and the number of deaths is much smaller under the non-mercurial treatment. Non-mercurial treatment leads to complete cure without any further consequences, whilst mercurial treatment entails the severest forms of constitutional syphilis.

The author has treated some 20,000 cases of syphilis in the Wieden Hospital of Vienna, and many also in private practice, and he ascribes most of the severest forms of syphilis to the fact of the patient having, in addition to syphilis, some mercurial poison in the blood.

Parents who have suffered from primary syphilis and not been mercurially treated, suffer, according to the author, not at all in their children, whilst patients who have been much mercurialised have frequently children with appearances of syphilis.

Mercurial treatment, according to Dr. Hermann. gives rise to two forms of diseases—tuberculosis and scrofula.

As to the prophylaxis and cure of mercurial poisoning, we have firstly, to eliminate the mercury from the system; and, secondly, to cure the disease caused by its presence in the tissues. According to his clinical experience, the author shows that iodine is an anti-mercurial remedy, and the old fundamental one in the mercurial poisoning, and when used in sufficient quantity iodides are able to restore the damaged health, whilst the pathological appearances at the same time are made to disappear. He proposes to banish mercury from the Pharmacopœia.—*The Doctor.*

DISLOCATIONS OF THE HIP—SCIATIC VARIETY.

BY OSCAR H. ALLIS, M.D.,

One of the Surgeons to the Presbyterian Hospital.

Sir Astley Cooper considered sciatic dislocations the most difficult to detect, and Syme has unwittingly confirmed this opinion, by once failing to recognize the injury and leaving it unrestored for fourteen days. If further evidence is required of the difficulty of diagnoses, I will refer to the following cases, two of which passed beyond the power of remedy before the true nature of the injury was detected.

Case I.—J. K., æt. 61, was brought into the Presbyterian Hospital in July, 1873. History of the case: During the night of the Friday preceding his admission he walked in his sleep from the second story window. In his descent he struck a clothes-line, which broke, and in a measure changed the direction of his fall; but as the accident occurred in the night, and during sleep, it was impos sible to gain fuller particulars.

I first saw him lying on his bed; the right thigh was flexed on the pelvis, and stood awkwardly off from the body. On assisting him to assume the erect posture, I noticed that the toe of the right foot could with difficulty be brought to the floor; that the heel was drawn up; that the ham-string tendons were rigid and prominent; that the leg was flexed on the thigh, and the thigh on the pelvis; that the knee was turned inward towards its fellow; that the gluteal region was flattened and apparently widened; that the spinal column was arched forward in its lumbar region, and that the trunk and extremity had assumed an awkward, constrained, and helpless position.

Upon the administration of ether the limb was brought down by its fellow, and a shortening of half an inch observed.

The reduction was accomplished in the following manner; The man was placed on the floor; then an assistant held the pelvis, while two others, by means of a fillet placed above the knee,—the force being exerted at right angles to the plane of the body,—lifted the head of the bone to a level with the acetabulum. This being done, I was enabled,

by grasping the ankle with one hand and the hnee with the other, to convey the dislocated bone into its proper place, though with a scarcely audible sound.

There was some difficulty experienced in dislodging the bone from its new position, and the instant it took place crepitus was distinctly recognized by all present.

The patient, after reduction, was placed in bed with the usual restraints; but, as lying in bed was irksome to him, he arose from it in about a week, and, experiencing no difficulty in walking, did not return to it by day, and was soon discharged at his request from the hospital.

Case II.—Mrs. G., æt. 64. Fell on going into the yard down a flight of six steps. She thinks she received the force of the fall in the middle of the thigh posteriorly.

As she was rendered helpless by the fall, the family physician was sent for, who, on learning the nature of the accident, and fearing, from the age of the patient, a fracture, administered ether, gave her a careful examination, and, as neither deformity, crepitus, nor restricted motion was present, left, satisfied that it was only a contusion.

Five months later—the patient in the mean time being helpless on account of the great suffering in the part—I saw the case. There were present the following symptoms: Shortening of about half an inch; the limb lay parallel with its fellow, with the toes looking upward; the limb, especially below the knee, was œdematous. The knee was stiff (false anchylosis). The gluteal region was flattened and apparently widened. The gluteo-femoral creases of the two limbs did not correspond as they do in the normal condition, and the great trochanter could be distinctly felt in its new position. There was great pain in the limb, constant, and aggravated by changes in the weather, and referred to a point in the course of the great sacro-sciatic nerve, about six inches above the popliteal space, and due, probably, to the head of the bone resting on and compressing the nerve at its exit from the pelvis.

The patient was again brought under the influence of ether, as every motion of the limb was painful, and the diagnosis of sciatic dislocation was established. There seem to have been no adhesions, or at least no difficulty in breaking them up, and during manipulation and traction the head was distinctly recognized to jump suddenly from its new bed. This feeling we all experienced two or three times under the repeated efforts* made to restore it, but our exertions were fruitless.

Case III.—Mrs. R., æt. 57, fell to the sidewalk on a slippery evening in February, 1872. She fell upon her left thigh, but by some means the injury sustained was in the right. As she was unable to rise, two policemen came to her assistaace, and one of them stooping to help her up fell across her outstretched right limb, and it is more than likely that to the second accident is her present condition traceable.

On being conveyed to a friend's, a physician was summoned who examining her *lying on a feather bed*, and with *all her clothing on*, pronounced "no bones broken." Not satisfied with his opinion, another physician was summoned the following day, who, after a careful examination, said that the injury would not "signify," and clapped on a large fly-blister ! !

I will not repeat the needless, superadded suffering of the poor woman from a mistaken diagnosis.

As soon as the limb had recovered from the shock—*i.e.*, within a few days—she had rotation, and found the easiest position for it to be *semi-flexion*. She sat up in a few weeks, and left her bed in four; though from the receipt of the injury to the present time she has been unable to walk without crutches. Pain has bee na constant, persistent feature from the first.

Present condition (the patient standing before me).—There is marked flattening of the gluteal region. The spinal column *is not* unusually arched forward. The limb has a natural, easy position, with three-fourths of an inch shortening. She can place the foot as flatly on the floor as she ever could and can stamp and kick out with it with considerable force. The measurement around the pelvis on a level with the pubes shows that the injured hip is less prominent by one inch and a half. The head of the bone has not formed adhesions in its new home, and can be moved as freely as the sound one. The great trochanter is one inch farther from *the pubic symphysis* that its fellow; and a resort to the following device established the nature of the injury.

In the cases above described will be found the symptons that characterize *recent* or *chronic* sciatic dislocations: hence a summary of them will not be given. To arrive at a correct diagnosis in all severe injuries of the hip is a matter of the greatest importance, and to aid in this I would suggest the following simple but effective plan.

Place the person on a hard mattress, or, *better*, the floor, and notice the amount of shortening, if any, with limbs in a line with the body. If it be sciatic dislocation it will not exceed three-fourths of an inch; there may be none.

Next compare the limbs at right angles to the trunk, and if it be a sciatic dislocation there will be a difference of at least *one inch and a half; but if the measurements in both positions are the same, there cannot by any possibility be a sciatic dislocation.*

To understand the philosophy of this plan it may be of importance to examine a pelvis, placing it in the position of a person lying on his back. The

*Our efforts were with a view to dislodge the head of the bone and form a new home for it if it could not be restored. We failed in both.

reat sacro-sciatic notch now lies *an inch and a alf* almost directly below the acetabulum, so that is quite possible (Case II.) for the head to lie in especially after dislocation, and exhibit no shortning by the usual mode of measurement. But the istant the femurs are compared at right angles to ne plane of the trunk,—as indicated by the perendicular lines,—a marked difference is at once efected.

Now, there is a principle involved in this of great rractical importance. It bares upon every variety f obscure injury at the hip, whether it be dislocation, impacted fracture, or severe contusion. The rinciple is this. While the heads of the femurs ie in their respective acetabula, corresponding neasurements in every position will not vary. If ne thigh is half an inch shorter than its fellow (as nay be possible in impacted fracture) the same difference will persist in flexion, extension, abduction, r adduction. But not so in dislocation. Here the ead of the bone is fixed at a point that does not orrespond to the acetabulum, and in every new osition in which the limbs may be compared a lifferent result may be expected.

A correct diagnosis in inquiries of the hip is of he utmost importance to all concerned. Simple njuries as a fall upon the great trochanter, are often nost disastrous, and are frequently followed by ears of suffering and helplessness; and it is cerainly the part of prudence, not to mention humanty to make repeated careful examinations and uner the most favorable circumstances, and thus, beore it is too late, rectify any mistake that must otherwise be followed by a lifetime of suffering.

To Drs. Truman and Yocum, and Mr. Charles Neill, I am indebted for valuable assistance in the irst case recorded.–(*Medical Times, Philadelphia.*)

CASES UNDER THE CARE OF MR. BIRKETT, GUY'S HOSPITAL.

Popliteal Aneurism in Right Limb cured by Pressure—Popliteal Aneurism in Left Limb cured by Ligature of Femoral seven years previously.

Richard B., aged 47, following no occupation in particular, was admitted into Lazarus ward on September 27, 1873. He was anæmic-looking, and stated that he had been a patient in the hospital in March, suffering from an aneurism of the left popliteal, which Mr. Birkett cured by ligating the femoral artery. About five months ago he was troubled with frequent pains in the region of the right knee, and about a month ago he discovered a lump in the politeal space of right leg, and suspecting an aneurism, from his experience of the disease in his left leg, he came to the hospital at once and was admitted.

On admission there was a tumor about the size of a pigeon's egg in the popliteal space, which pulsated, the pulsation being of an expansile character. When the femoral artery was compressed, the pulsation in the tumor ceased, and the tumor itself partly collapsed. The arteries about the ankle beat normally; but the posterior tibial feels rigid. Heart dulness very slight. On the left thigh there was an old cicatrix, showing where the femoral was tied; there was slight pulsation above this scar, but none below it. In the left popliteal space was a hard tumour, about the size of a walnut.

October 3.—Pressure was applied to the femoral artery from 11 a.m. to 8 p.m. by means of a tourniquet, which, however, did not act quite perfectly, so that the blood-current was not quite continuously suspended. The limb was wrapped in cotton-wool and bandaged.

4th—The pulsation in the tumour is not so strongly marked as it was. He is suffering much pain about the knee-joint, and some pain in the back.

8th.—Pressure upon the femoral by means of Liston's tourniquet from 10 a.m. to 9 p.m. A quarter of a grain of morphia had to be injected during the time, to relieve pain down the leg.

9th.—Pulsation diminished.

15th and 16th.—Signorini's tourniquet applied 10:15 a.m. on the 15th, and pressure continued up to 1.20 a.m. on the 16th.

18th.—There is no pulsation to be felt in the popliteal space, and the tumour is smaller.

25th.—Still no pulsation in tumour. No distinct collateral circulation has been made out yet, but some of the small arteries round about the sac are enlarging.

29th.—Patient has improved in health. The artery can be felt pulsating above the tumour.

November 12.—No pulsation to be felt yet in the tibial vessels about the ankle. Patient has been up once to have his bed made, but, with this exception, he still keeps in the recumbent posture.

13th.—Leg bandaged and covered with wool. Patient allowed to sit up.

17th.—Up to-day for the third time. The limb is comfortable. He sometimes feels a slight pulsation on the inner side of the knee, which lasts for a few minutes together.

26th.—Discharged quite cured.—*Med. Times and Gazette.*

THE ARREST OF HÆMORRHAGE BY FLEXION.

At the meeting of the Berlin Medical Society, January 9, Dr. Adelmann read a paper on "Protracted Flexion as a Means of Arresting Arterial Hæmorrhage." He stated that after the account of

the success obtained in England and Ireland in the treatment of aneurism of the limbs by flexion, he had taken great pains in ascertaining how far advantage would result in the employment of the same means in the treatment of bleeding from wounded arteries. The results of his investigations made in the Dorpat Surgical Clinic were published in Langenbeck's *Archiv* 1869. Up to the present time he has cognisance of nineteen cases so treated —eleven being cases of his own, and the others occurring in the practice of other surgeons, most of them his own former pupils. In one of these no result was obtained, as the patient could not support the flexion, but in all the rest recovery took place. The wounds implicated the ulnar, the radial, the interosseous arteries, the palmar arch, the dorsalis pedis, the plantar, and the tibialis posticus. The duration of the flexion varied much in different cases—this being continued in one case to the eighteenth day without the patient suffering any considerable uneasiness. It is useful, when readjusting the apparatus, to change the angle by one or two degrees. The case reported by Von Burow, of gangrene of the hand following this procedure, says nothing against it, inasmuch direct pressure was also employed. In none of Dr. Adelmann's cases has he met with even a trace of any such occurrence. In answer to a question whether this long-continued flexion did not cause inconvenience by reason of the venous stasis it gave rise to, Dr. Adelmann replied that frequently there were all the signs of an obstructed circulation, but according to his experience after about twenty-four hours the compensatory circulation became established. To another question as to the duration of the flexion, he replied that we must in determining this proceed very cautiously, and not discontinue flexion until granulations have formed; yet he has been able to discontinue it after the third day without any hæmorrhage occurring. He also observed that as physiology has not determined what are the changes which take place in the circulation in consequence of this angularisation of the vessels, forced flexion can only at present be employed as an empirical remedy. He hopes that before long experimental investigations will be undertaken on animals, in order that we may be able to establish the practice of flexion in man upon a scientific basis.—*Med. Times and Gazette.*

WHAT IS PYÆMIA?

This is a question we may well ask at a time when the leaders of medical opinion are discussing the subject in a manner only to be paralleled by the debate on tubercle last year. Doubtful indeed, we feel, whether the debate on tubercle has in any way enlighted the profession. Rather we fear it may have tended to confuse. Yet such debates are not without value, and we are glad to see them we kept up. The debate on pyæmia promises som practical conclusions, and will probably serve as starting point to many who wish to begin in vestigating this disease. Nevertheless, the wor pyæmia is very unsatisfactory. Clearly, variou speakers attach different meanings to it, and w therefore feel inclined to doubt whether, after al there is as much difference of opinion as appears o the surface. The journals have been full of th subject all the month, and in our last issue we com menced what we believe will be recognized as on of the most important contributions to the sub ject—viz., the remarks of Surgeon-General Gordo C.B., in our "Independent Department." It i remarkable how little reference has been made t the experience of army surgeons in the course o the debate, and we therefore urge our readers t supplement the perusal of the report by a stud of Dr. Gordon's papers. In the article in ou present number he deals with the debat at the Clinical Society, and we therefore need no report that.

Professor Hughes Bennett proposes to discard th term pyæmia altogether, and to employ the follow ing words:

Septicæmia.—Poisoning of the blood from ever source; a general term.

Ichorhæmia.—Poisoning of the blood from ichorous matter or decomposed pus.

Leucocythæmia.—White cell blood; excess o colourless cells in the blood.

Leukæmia.—White blood, from excess of fatty matter in the blood, so called chylous, or milky blood.

Dr. Lionel Beale dissents from Dr. Hughes Ben nett's views, urging very naturally that pus-cells young mucous and epithelial cells, though very much alike, are not *identical*, and it would be intro ducing terrible confusion to call leucocythæmia "suppuration of the blood."

It seems to us easy to call two things by one name, but doing so does not simplify matters, and Dr. Bennett does not help us by proclaiming the identity of various cells, or by speaking of them as "white cells or leucocytes." The expression reminds us of a good story we heard the other day A microscopist was jocosely asked by one of hi colleagues if he could tell him anything he did not know about the white blood-cells. He answered at once, "From the terms of your question I think I can mention two things—in the first place they are *not* cells; in the second place they are *not* white.' —*The Doctor.*

THE HOPE OF AN INDIGENT DEVIL, was the motto of an essay on Colles' Fracture, by Dr Cruse, which gained the prize of the N. Y. State Medical Society.

THE CANADA LANCET:

Monthly Journal of Medical and Surgical Science

Issued Promptly on the First of each Month.

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TORONTO, MAY 1, 1874.

POLITICAL MEDICINE.

The recently enacted Medical Bill provides the ans for a far greater amount of protection, both the public and the profession, than any previous slation afforded, supposing it to be fearlessly ninistered. The question arises, will the public etly submit to the enforcement of the penal uses, or so perversely act on the suggestion of *Globe*, that "an open and determined resist-e to the law" should be inaugurated; that the mbers of the profession, weary of the ungracious k of attempting to defend the public from im-sture, would quietly yield to the inevitable con-quence—free trade in physic—rather than further ject themselves to obloquy in attempting to ry out the provisions of the Act?

We need not tell the profession that quackery is evil. Were the public possessed of common se in medical matters, it would be aware also t quackery is an evil. If the public refuse its ent to this, it is because it is profoundly ignorant the nature and scope of medical science, and of properties of drugs. Quackery is a nuisance many ways. It is a nuisance, because it is a stem of lies and imposture, and swamps the com-unity with hosts of rogues and fools. The com-onwealth must suffer morally, and cannot but be maged by the vagabonds that quackery lets loose on it. Quackery is a nuisance, because it tends create the ills it feeds upon; and affecting to re all diseases, it produces or perpetuates many. d finally, quackery is a nuisance, because it sters erroneous ideas on the operation of drugs, gets a system of deceit which even the profes-n is involuntarily obliged to humour, and abases, what is so requisite for the happiness of man, the art of medicine itself. It is generally imagined by the public, that the antipathy of the profession to quackery originates in a feeling of self-interest, and that quacks take the bread from medical men. We more than doubt if this is true. If the faculty lose and quackery gains a particular case, that is amply compensated by the ill-health which quackery produces in thousands, and the disposition to fly to physic which it generates in millions. On the whole, the profession probably gains by quackery—certainly its loss must be very trivial. A feeling of self-interest can sway the profession very little either way, and its antipathy to quackery must be sought on other grounds.

We should say that our aversion to quackery takes its rise in a natural feeling of disgust at a barefaced system of humbug. Unless men's minds are warped by the strongest motives towards wrong, they revolt at witnessing it. We see a knot of rascals fleecing and injuring the public by the most dishonest and scandalous arts. We naturally evince contempt and indignation towards the miscreants. And those feelings are aggravated by the tendency of such practices to bring discredit and dishonor on the science we profess. Are not these sufficient, natural and worthy motives for resentment? We wish that all class quarrels were as honest and as praiseworthy. The above remarks may be viewed as *apropos* to a case of recent occurrence at Simcoe, in the county of Norfolk. A so-called Prussian army surgeon has for some time back been in the habit of visiting that and other towns, heralding his visit by the following announcement in the newspapers:

> "DR. J. B. ARNOLD, lately from Berlin, Prussia, and Surgeon in the Prussian Army, gives special attention to all diseases of the Feet, Hip-joint Disease, Inflammatory Rheumatism and White Swelling, without taking internal medicines. Also treats diseases of the Gastric Juices, Saliva Glands, Asthma and Heart diseases: also diseases of the Spine, Falling of the Womb, Ulceration or Leucorrhœa, etc.—Cures are permanent. Cancers and Eye diseases cured without the use of the knife, by a new but certain, speedy and nearly painless process. Ruptures, Fits and Piles of long standing guaranteed cured, etc., etc.., *ad nauseum*. Consultations free."

The practitioners of Simcoe having ascertained that this *soi disant* Dr. Arnold, was not on the roll

of the last issued Register, and being informed by telegram from Dr. Pyne the Registrar, that his name did not appear in the appendix, unanimously concurred in an application to the County Attorney to prosecute under clause 40, sub-section 3 of the Ontario Medical Act. As an information had to be signed by one of the protesting parties, the senior Dr. of the town assumed this somewhat invidious office. This gentleman happens to have the reputation of being a Tory, dyed in the wool *ergo* a benighted and bigoted monopolist, affording a good chance for the counsel employed to use *ad captandum* arguments against such old world fossils. On the hearing before the magistrate, the case was appealed to the June sessions, on the plea that the production of the advertisement, and the statement of the publisher, that it was an exact transcript of the manuscript given him by Dr. Arnold was only secondary testimony—the written copy being necessary to establish primary evidence. Whether the publisher purposely omitted bringing the copy, we neither know nor venture to express an opinion, but we certainly failed to discover in him an inclination to uphold the law, when in the next issue of his paper a letter is inserted containing such paragraphs as the following: "Then the whole legislation is for the purpose, not of protecting the public, but the Medical Council, and to put a certain amount of fines into their treasury." "This mode is adopted to help fill their exchequer, but fortunately a jury of the country can pass their opinion on it before any such fines do go into the coffers of the Medical Council." The recent severe comments of Sir John Coleridge on the propriety of the press attempting to influence public opinion on cases to be submitted to a jury, would seem to find no echo in the breasts of some Canadian journalists.

THE ANNUAL ACCESSION.

The season of the year has arrived when the sessional work of the medical colleges has been brought to a close, when the University examiners have finished their labours, and when a fresh accession is made to the ranks of the profession. We rejoice to know that in Ontario, the new men who are being thus recruited into our army are of a very worthy stamp, and are likely, by reason of better preliminary education and consequently improved habits of study, as well as by solid attainments, to shed a yet higher and higher degree of credit on the profession in this Province. The teachers in the schools in Toronto and Kingston report that although the operation of the Medical Act has been to deter young men from entering on a medical course, and to diminish the attendance of students, yet those who have entered have been more uniformly of a better class than was the case in former years. The Act is therefore accomplishing a good purpose in this respect.

We are glad to welcome the graduates of this year, and trust that now their labours as students having been crowned, and their ambition gratified they will meet with no bitter disappointment in entering on the field of practice. On this occasion we might be tempted to offer our young friends some item of general counsel; but seeing that it is quite likely that they have recently been sufficiently addressed on this subject, we would refrain altogether were it not that recently in the LANCET a statement appeared in our correspondence column which might possibly mislead. It has been stated that the people in some parts of Ontario pay more regard to the religious professions of a medical man than to his medical qualifications. This may be partly true, but it is not sufficiently true to gratify the sarcasm as universally applicable, still less should it influence young men to hold for practice on the mere strength of belonging to a particular church. It is, of course, essential and proper that medical men, as other men, should have their religious convictions and not be undecided in this important respect. But for a medical man to studiously conceal or to obtrusively parade his religious opinions with a view to favour his practice would be equally degrading and reprehensible. It is a mistake for a young man to allow himself to be brought forward as the doctor of a particular sect, for no one sect is sufficiently numerous in any particular district to give him abundant employment. Such a course may give him practice earlier than he would otherwise have obtained it, but a practice obtained on such grounds is not apt to be permanent, and cannot be permanent unless supported by real talents and skill. It is a poor policy to adopt considered merely from the stand-point of policy. Intelligent

le will not employ a medical man for any
r reason than a belief in his professional skill.
truth should be always kept in view by the
g practitioner. If acted up to, it will save
from dependence on sham, and rescue him
the snare of hypocrisy. His self-respect will
rocured, his professional standing will be im-
ed by enforced and constant study, and a
sure of permanent success, not to be attained
ny other way, will finally reward him.

any of our young friends are inclined to doubt
value of this advice, we beg them to refer the
stion to some experienced medical friend. He
be able to cite sufficient instances in his own
hbourhood to show that the course we have
ecated is in fact a mere confession of inferior-

Within the knowledge merely of the writer,
nay state that we have known an obtrusive dis-
of denominationalism to destroy a practice;
we have heard common people say that if a
tor took to preaching the time spent in getting
sermons must have left him less opportunity of
lying disease—a common sense view which
well weigh against the supposed advantages
e gained by any such church connection.

o return, we may congratulate the graduates
they have entered the profession at a time
n it is not so difficult to find openings for
ctice as in times past, say a few years ago, when
cry was that the profession in the country was
r-crowded.

E MEDICAL COUNCIL. MATRICULATION EXAMINATION.

We beg to draw the attention of the Council at
coming session, to certain anomalies connected
h this important examination. At the last ex-
ination nineteen candidates presented themselves,
l only eleven passed—*eight out of nineteen were
cted!* surely this is a very large proportion.
understand the cause of so many being rejected
only at the recent, but at each examination since
appointment of Mr. McMurchy as examiner is
efly, that he decides according to the letter
her than the spirit of the law. In other words,
t no matter how thorough an elementary, English
l Classical education a young man may have re-
ved, if he cannot solve some particular problem in Euclid or crotchetty sum in arithmetic or in algebra; or translate with correctness the special lines of latin, which the examiner may select, is rejected, even if he have what ordinary people would call a very good knowledge of all of these and the other subjects.

What is required, we apprehend is, first that our young men should have a good English education, and also give evidence of a fair grounding in Latin, Mathematics, &c., but the present system does not test this. A young man is rejected without reference to his general knowledge of the required subjects, merely because he fails to answer to the Examiner's satisfaction the few not very clear questions given to him. As proof of this one candidate of excellent education, who passed the preliminary examination for the *fellowship* of the Royal College of Surgeons of England was recently rejected by Mr. McMurchy, not because he did not give evidence of having been over the required ground, but merely because he failed to do the special work assigned him to the satisfaction of the examiner. This is all wrong; it is well known that failure to do correctly a particular question in arithmetic, or in algebra, or a special problem in Euclid, &c., is no proof of being unfit to study medicine, or of knowing nothing of these branches of education. In fact, the Examiner carries out the law to the letter—what is wanted is less by a great deal of the *letter* and more of the *spirit*. One noteworthy anomaly exists. We understand the Examiner receives $4 for each candidate who is rejected, and only $2 for each one who passes. Thus for the eight recently rejected he got $32, and for the eleven passed, only $22!!

Another thing. Any one who acts as Matriculation Examiner, should have a kindly, attractive manner. There is great complaint about the want of these essentials in the present holder of the position. Like the school boys in Goldsmith's day, our young men going before this Examiner too often, feel sure of being "able to read their day's disaster in the morning face" of him before whom they go tremblingly. We trust the Council will see to this all-important matter.

MEETING OF THE ONTARIO MEDICAL COUNCIL.—The annual meeting of the Ontario Medical Council will take place on the 1st Tuesday (2nd) of June.

THE HOMŒOPATHS AND THE NEW MEDICAL BILL.

We print some excerpts from casual letters, we have received from some of the leading Homœopathists, especially from some of those who have not previously expressed themselves on the subject. One says, "So far as I am concerned I don't see anything very objectionable in the new Medical Bill. I think the different schools might get along very well with a little careful manipulation. Where I practised lately, although there were several old school practitioners there, I never had the slightest trouble with any of them. They were willing to assist me in any and every case where I required assistance. In this place they are not so liberal. Some of them are, however, and because they did so were threatened with expulsion from the Medical Society in this district. One man in this place stated publicly that it was derogatory to the profession to sit in Council with Homœopaths. Now I am glad this is not the general feeling with Allopathic physicians, particularly with the better educated ones. If it be the general opinion, how can we remain united in the Medical Council? How can we work together for the good of the profession in the different schools?

Nearly all of our men that I know are doing well, and just as much respected as this man who considers it degrading to him to be placed in their Society. I would like, so far as I am concerned, to have the union tested for a longer time.

I see no reason why our students should be afraid to come up for examination. If they are prepared, no doubt they will get through, and if the examination is a little more severe they will find out that they do not know too much, or that they have spent too long in preparing to practice medicine successfully."

Another says, "I am entirely satisfied with the Bill as amended, and will use my influence to have it carried into effect."

And another writes as follows: "I have read the Bill carefully, and it meets my hearty and unqualified approval. It is so broad and unsectional in its platform, and so dictated with an obvious desire to harmonize all parties, that I am utterly at a loss to conceive how any other than extremists of either school can possibly object to its provisions."

CROTON-CHLORAL.

This new remedy is proving highly effica as an internal remedy in the treatment of neur According to Liebreich, it is prepared by p chlorine gas through aldehyde; and its che constitution proves it to be the chlorated alde of crotonic acid. Croton-chloral differs in it ward appearance from hydrate of chloral b being dissolved with difficulty in water, and l crystallising in small glittering tablets. It w appear that some pharmaceutists have atten the preparation of this remedy by first disso croton-oil in alcohol and then proceeding the as for chloral hydrate. Liebreich warns the p that croton-chloral possesses no relation wha to croton oil. A drachm of croton chloral, solved in water, and introduced into the stom produces, in the course of from fifteen to tw minutes, a deep sleep, accompanied by anæst of the head; whilst the eyeball has lost its i bility, and the fifth nerve shows no reaction being irritated, the tone of the muscles remain altered. In cases of facial neuralgia pain c before sleep sets in. It may be given as a notic in cases where hydrate of chloral is i plicable on account of heart disease, and w very large doses of chloral are necessary to duce sleep. In the latter class of cases Liebr recommends the addition of croton-chloral to hydrate of chloral.

ROKITANSKY'S SEVENTIETH BIRTHD

Carl Rokitansky, the emient pathologist, of Royal-Imperial Hospital, of Vienna, attained seventieth birthday on the 19th of last Febru The event was celebrated in the Austrian ca with much enthusiasm. Men of rank and citiz of distinction were present. The Emperor Austria and the King of Italy invested the vete with titles of honor. A bust of Rokitans crowned with laurels and decorated, was unveil A grand banquet was held in the evening, dur which a torchlight procession of fifteen hund students assembled in the garden opposite the and sang songs, after which Rokitansky appea and was received with great applause. Thou some of the pathological views originally propou ed by this eminent professor, have undergone

inge by reason of other researches. His labors ve made a great impress on science, and re- in as a great monument of the industry by ich he strove to turn the advantages of his posi- a to public account. All over the world the dical profession must rejoice in the honors con- red upon so distinguished an ornament.

We publish elsewhere a letter from a corres- adent, signed Ethics, in which our strictures on edical writers in the public press are challenged. ir correspondent who, by the way, was one of se who figured in the dailies (withal in a temperate d well written letter) seems to think that such s necessary, in order to reach the public, and o to influence the legislature. We would simply , what did the public do in the matter? That rtion of the public who are believers in the eneral" system of medicine, did not trouble elf one particle about legislation, except to sign titions when asked to do so by members of the ofession. It was only the Homœopathic public at was aroused, and we doubt not that some of e letters in question may have had an influence that direction. As far as the legislature is con- rned it was more particularly influenced through e profession, and the petitions that poured in, in by any letters in the papers; so that whatever edit is due for securing the passage of the Medi- l Act and the discomfiture of its enemies, we ve it to the profession throughout the country nerally, and so long as it does it duty to itself d the public, there will not be any necessity for itation through the public press. We may also ate for the benefit of our correspondent, that a *arked copy* of the *Lancet Extra* of the 15th of eby. was sent to every member of the legislature, cluding the members of the government.

The Medical History of the American War.—Our American friends are still manifesting their sappointment at the manner in which the Medi- l and Surgical history of the war has been dis- buted. It has been ascertained that 5,000 pies of the first part of the work were printed. f these 1,000 were distributed to Senators; 2,000 Representatives, and 1,868 copies were sent to e issued by the Surgeon General's office. The sult has been that many contributors to the work have been left without a copy; and naturally the authors of papers who helped to make the book what it is, by their valuable experiences upon the battle field and in the hospitals, feel no little chagrin that their labors have mainly gone to swell the casual advantages of Congressmen, some of whom indirectly placed the work on sale, instead of distributing it, as intended, amongst the profession. This disgraceful job has been thoroughly exposed by the American medical journals, and it is to be hoped their influence will not be without effect.

College of Physicians and Surgeons, Ont. — Professional Examination. — Seventy-four candidates presented themselves for examination. The following are the names of the successful candidates:—Primary.—Ball, J.; Betts, A. H.; Balmar, J. S.; Bray, A.; Burnham, G. H.; Byam, J. W.; Cameron, J. H.; Carscallan, A.; Cook, A. B.; Corman, J. W.; Covernton, T. S.; Cotton, J. H.; Daynard, A. B.; Dorland, J.; Dowsley, D. H.; Eakins, J. E.; Farewell, A.; Fenwick, K. N.; Gibson, A. M.; Gunn, Jno.; Hobley, Thos.; Hopkins, E. L.; Irving, Wm.; Leitch, A.; Leitch, D. C.; Lindsay, N. J.; Luke, A.; Lynd, A.; Minaker, Wm.; Moore, J. T.; Mitchell, J. C.; McAlpine, Jno.; McLarty, C.; McLean, S. C.; McPhedron, A.; Park, H.; Philp, Wm.; Powell, N. A.; Preston R. F.; Rae, J. W.; Read, T. W.; Robinson, R. H.; Saunderson, A.; Sinclair, A.; Sylvester, G. P.: Stark, M. D.; Thompson, J. N.; Trimble, R. J.; Trout, Mrs. J. K.; Tuttle, L.; Whiteman, Robt., Wilson, J. D.; Wishart, Jno.

Final.—Ball J.; Balmar, T. G.; Beemer, N. H.; Brent, H.; Brock, William; Cameron, J. H.; Campbell, A. J.; Farewell, A.; Fenwick, K. N.; Frazer, D. B.; Frazer, D.; Gibson, A. M.; Gray, J. W.; Gunn, Jno.; Harris, Wm. T.; Healy, L. D.; Irving, Wm.; Johnston, J. S.; Kennedy, J. B.; Lavell, C. H.; Lindsay, N. J.; Lowry, Wm., H.; Luke, Andrew; Moore, J. T.; McDiarmid, Jno. L.; McLean, P.; McLean, S. C.; Philp, Wm.; Read, Thos. W.; Robinson, R. H.; Schmidt, Geo.; Shaw, Geo.; Thompson, J. N.; Whiteman, R.

The following candidates for the primary examination passed without an oral examination:—Messrs. Bray, Burnham, Carscallen, Cook, Covernton, Cameron, Eakins, Wm. Kennedy, Lynd, A.

Leitch, D. C. Leitch, Lindsay, Mitchell, McLarty, McPhedrain, Minaker, Powell, Rae, Read, Sinclair, Sylvester, Stark, Tuttle, Wilson, and Wishart. For the final.—Beemer, Brock, Cameron, Campbell, Farewell, D. Fraser, D. B. Fraser, Fenwick Gibson, Gunn, Healy, Irving, Luke, Lowry, Lavell' Moore, P. McLean, McDiarmid, Shaw, Smith, Thompson, and Whiteman.

It will be observed that a lady candidate (Mrs. J. K. Trout) presented herself before the Board for the primary subjects, and passed a very creditable examination.

MATRICULATION.—The results of the examination of candidates for admission to the College of Physicians and Surgeons are as follows:—Passed William E. Winskell, Marshall Macklim, V. Alfred Markle, Jas. C. Ditchworth, Alex. Davidson, David A. Stewart, Peter L. Graham, David A. Nelles, Harry Meek, C. J. Jamieson, David Jamieson.

VICTORIA MEDICAL COLLEGE.—The following are the results of the recent examination at this College: Graduates—Peter McLean, Alex. Douglas, D. F. McDonald, R. J. Brett, Wm. Caldwell, John Kirkpatrick, John Burkhart. Gold Medallist—Peter McLean. Silver Medallist—Alex. Douglas. Certificates of Honor were awarded to D. F. McDonald, R. J. Brett and Wm. Caldwell. First Special Prize in Surgery—D. F. McDonald, second do., R. J. Brett. The primary was passed by A. B. Cook, William Minaker, John McAlpine, Thos. Hobbley, George Baptie, A. Kennedy, and J. S. Atkinson. Junior Anatomy prizeman, Mr. Strangway.

TRINITY COLLEGE MEDICAL SCHOOL.—The following gentlemen has passed their examinations in this Institution:—Final—D. B. Fraser, D. Fraser, W. H. Moorhouse, D. C. Leitch, J. N. Thompson, N. J. Lindsay, W. H. Lowry, W. Brock, W. Irving, J. L. McDiarmid, L. D. Healy, W. J. Gracey, R. B. Nevitt, W. T. Harris, T. W. Read.

Primary—A Lynd, N. A. Powell, A. J. Sinclair, G. P. Sylvester, C. McLarty, A. Bray, J. C. Mitchell, A. Leitch, G. W. Rae, M. Stark, J. R. Clark, W. S. Washington, I. Wishart, G. H. Burnham, W. Kennedy, J. D. Wilson, and H. Edmunds.

Honor Men.—D. B. Fraser, University Gold Medallist; D. Fraser, University Silver do; H. Lowry, Medical Faculty Gold Medallist; Brock, Medical Faculty Silver do.

D. C. Leitch, W. H. Moorhouse, W. Irving, L. McDiarmid, A. Lynd, C. McLarty, N. Pow, A. J. Sinclair, G. P. Sylvester, certificates of ho; W. Y. T. Stuart, 1st year's scholarship; A. Ly, 2nd year's do.

A convocation for conferring degrees in m cine, was held in the University Building, Tri College, Queen St. west, on the 14th ult., when above named gentlemen who passed the final amination, were admitted to the degree of Bach of medicine, after which the successful candid were presented with their medals and certific of honor.

DRUGGIST *vs.* PHYSICIANS.—A gentleman in city, whose wife was ill, took a receipt that he tained from some of his friends to Mr. H Miller, Druggist, King St., to be put up. Am other things the recipe contained *half an ounc liq. arsenicalis* in an eight ounce mixture. family physician, (Dr. Constantanides) who out of town at the time returned, and soon a was called in. The husband asked his opin about the medicine. The Dr. asked to see prescription, and was shown it. He at once t him it was poison and cautioned him agai using it, that it might kill the patient who was v weak, and said that Mr. Miller should not h given it without a proper label, or by the advic a regular physician. The medicine was set asi and Mr. Miller having heard that Dr. C. had c demned it, was very indignant and sent the D lawyers letter, alleging that the medicine was to taken in teaspoonful doses and could do no ha and asking him forthwith to send him a letter s ing that he (Dr. C) was wrong in what he sa basing his very modest request on the ground t the statement was calculated to injure him in business. The Dr. very properly took no no of the communication, and we are informed t Mr. Miller states his intention of bringing an tion for damages. We ask, can coolness and frontery go farther than this? The Dr. was p fectly right in condemning in the strongest po ble terms the use of the medicine under the cumstances, and also the Druggist who had hardihood to put up such medicine without

ress direction of a medical man, even if the re- e had been written by a professional man, as g as it was not prescribed especially for the ient in question by the medical man in atten- ice, it would not relieve the druggist from res- nsibility. If the patient had taken the medicine anything untoward had occurred, Mr. Miller ld have been held to strict account for it.

A clause in the Act, relating to the sale of drugs, es in effect that all poisonous substances should labelled with the word "poison" in large letters. is very wise precaution seems to have been en- ly overlooked, so that we apprehend that Mr. ler has himself been the transgressor in this ance.

BROUGHT TO JUSTICE.—On Monday the 13th ril, at the instance of Drs. Cranston, Ward, Arm- ng and Campbell, an impostor styling himself vid A. Smith, M.D., and hailing from Glasgow, t now residing at Bristol, Prov. Quebec) was ught before George Craig, Esq., of Arnprior, v. Ont., one of Her Majesty's Justices of the ice, for practising as a Doctor of Medicine, hout having authority so to do. He pleaded lty, and, after pledging his word that he would ist from such conduct in future, was let off with lowest fine provided by law.

SANITARY STATISTICS.

Dr. BROUSE moved in the House of Commons a Select Committee to consider the propriety of ing for legislation with a view to establish a reau of Sanitary Statistics. The following is an tract of his speech as reported in the *Globe* of ril 23rd :

He pointed out that a deeper interest was mani- ted in this question now than formerly. In ntreal, a Sanitary Association had been estab- ed, the result of which had been very satisfac- y. The sphere of these local Associations was, wever, limited, and it was desired to establish a ntral Boord at Ottawa, where a store-house of s useful information might be found which uld give a tone and an impulse to the local As- iations. Both France and England had taken ps in this direction. He hoped the Committee uld report in such a way as to induce the Gov- ment to give their attention to the subject. If anitary Bureau were established, he designed t it should disseminate among the people infor- tion with regard to health ; should encourage works on hygiene and scientific experiments ; should bring about the compilation of statistics, and any information relative to zymotic diseases and epidemics of every nature, and the best means to prevent their spread ; should consider the diseases common to artisans, resulting from confinement to shops and overwork ; the drainage of cities, and the analysis of the soil ; the hygiene of our homes, schools, hospitals, and public buildings ; crowding and employing children in manufactories, and other matters.

It being six o'clock the Speaker left the chair. After recess Dr. Brouse resumed his speech. He said that he believed that in this Bureau could be accumulated facts which would be of very much use in combatting that great evil of our land, intemperance. Measures of this sort had been made use of to encourage immigration to Minnesota, by showing that the climate of that State was hostile to consumption, and to Colorado by showing that its climate was a health-giving one for invalids. He believed that we had within our Dominion localities in which the climate was most healthful ; and this being the case, it would tend very much to encourage immigration to our shores if steps were taken to make the fact known. He considered the subject a most important one, and hoped the Government would give it their consideration.

Mr. MCKENZIE promised to give the subject his attention, and if possible to bring in a Bill next session.

Dr. Brouse deserves the thanks of the medical profession, and especially of the public, for bringing this matter so prominently under the notice of the Government. Measures for the promotion of the health and happiness of the public are second to no others ; sanitary laws are as necessary to the community as any other species of legislation. The establishment of a Bureau for the collection of Sanitary Statistics is the first step in the direction of sanitary reform. The subject of Hygiene generally, and State Medicine in particular, is attracting public attention both in England and America, more earnestly every year ; and the day is not far distant when it will be assigned a more prominent place in the legislation of all highly civilized countries.

OBSTETRICAL APPLIANCE.—We were shown a few days ago a new appliance for rectifying retroflexion of the uterus by Dr. Scott, of Woodstock. It consists of an oval ring, and wire stem covered with rubber. It is introduced into the vagina and

carried up behind the cervix in such a way as to support the body of the womb in its natural position, the stem is then bent to the proper shape and brought up the back and made fast to a bandage round the waist. It is exceedingly simple in its construction, and in the Dr's. hands has succeeded better than any other appliance he has ever used.

APPOINTMENT.—George Cook, of the village of Chesley, Esquire, M.D., to be an Associate Coroner within and for the county of Bruce.

DIED.

At his residence on the 26th March, H. B. WINANS, M.D., of Exeter, Ont.

On the 30th March, at his residence, JOHN MUNRO, M.D., of Fergus.

At the Union Hotel, Westport, suddenly, DR. MEAGHER, formerly of Kingston, Ont.

On the 21st of January, in Buenos Ayres, S. A., Frederick William, aged three months; and on February 21st, Carlos Guillermo, aged 17 months, sons of DR. WM. H. COVERNTON.

At 31 Gould Street, Toronto, on the 26th ult., Margaret Fisher, infant daughter of H. E. BUCHAN, M.D., aged four months,

On the 26th ult., Frederick William, infant son of J. FULTON, M.D., aged four weeks.

Book Notices.

PEN PHOTOGRAPHS, consisting of sketches of celebrated men and places, seen and visited by the author, also including short tales and miscellaneous writings, by Daniel Clark, M.D., member of the Ontario Medical Council, Princeton, Ont. Toronto: Flint, Morton & Co., pp. 322, 12mo., cloth, $1.00.

The author has given us an exceedingly interesting and readable book. Many of the articles have already appeared in the periodicals and magazines of the day, especially "Stewarts Quarterly Magazine" and the "Canadian Magazine," and have elicited the favorable criticisms of the press The sketches are spirited, elegant, and truthful—some of them most touching and impressive. Short sketches are given of such men as Caird, Guthrie, Spurgeon, Punshon, Cumming, Carlyle and Dick, in which their personal appearances, peculiar characteristics and various styles of oratory and writing are vividly portrayed. The author's descriptive power of a superior order, and many passages are exingly beautiful. The work also contains a bphical notice of the late Dr. Syme, of Edinb and also of Sir James Y. Simpson, M.D., will be read with interest by professional ers, and from which we purpose giving extracts in our next issue. We were particu struck with the truthfulness of the authors re on Canadian poets, and his patriotic appe encourage native talent. People too often afar off for beauties, that they might find n home, if they would but look for them. S beautiful descriptions of places are also given as the Field of Waterloo, battle fields of Vi under a California tree, Balmoral, &c.

The authors contributions on the above sub have attracted the attention of literary men, at home and abroad, and have pointed him ou a writer of ability and power. We have much delighted with a perusal of the work, would commend it to our professional friends, recreation from the continual study and hard w of a professional life. It may be obtained the author direct, or ordered through any of Booksellers.

A HAND-BOOK of Hygiene and Sanitary scie By Geo. Wilson, M.A., M.D., Edin. Me Officer of health, Warwick, Eng. Philadelp Lindsay & Blakiston. Toronto: Willin Williamson.

This is a work that is much required at the sent time. The subject of sanitary science is gaging the attention of the public, both at h and abroad, and herein will be found a prac digest of those subjects pertaining to this impor department. The following subjects are discus preventable diseases, food, air and its impuri water and its impurities, warming and ventilat sewerage and drainage, plans of hospitals dwellings, disinfection, &c., &c.,. It is the work we know of as a text book for medical s ents, and a hand book for medical practitio Being tolerably free from technicalities, it ma recommended to those outside the profession *are interested in sanitary* matters.

A PRACTICAL treatise on the diseases of chil By J. Forsyth Meigs, M.D., and Wm. Pep M.D. Fifth edition revised and enla Philadelphia: Lindsay & Blakiston, Toro Hart & Rawlinson.

THE CANADA LANCET:

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE.

OL. VI. TORONTO, JUNE, 1874. No. 10.

Original Communications.

EXTRACTS FROM A CANADIAN WORK BY D. CLARK, M.D., PRINCETON, ONT., ENTITLED, "PEN PHOTOGRAPHS."

SYME.—At the little wicket-gate of the Royal nfirmary, Edinburgh, stood a grey-haired sentinel, s I entered for the first time." On the black-board n the entry was written by this cerberus, "Sectio adaveris," "Dr. Balfour" and "Mr. Syme," not)r.—(in Britain the Surgeon and the physician do ot always merge their professions). Jolly, rollick-ng students are pouring in,—some to the *post ortem*—some to the wards—but the greatest num-er to the theatre, where Syme was to operate. le, for the first time, in the history of the hospital, nd the second in the annals of surgery, was to xcise the tongue of a man, for cancer. The neatre—small, dingy, badly lighted from the north, ed with break neck seats towering with Alpine eepness above one another—was crowded to its tmost capacity, by a tumultuous throng. Round ne table were about a dozen surgeons chatting and iscussing, but when the patient walked in, and id himself down upon the operating table, a thin, ark-featured, withered up, and unostentatious man)se up, and took his coat off. There was no fuss bout him, but in all his movements, there was an r of determination, or let me rather say of resolu-on. That man could not be indecisive if he tried, r the thin and compressed lips, and the *positiveness* manner, and firmness of speech, as he explained ne case, declared that the mind was "made up," ithout fail, to accomplish a certain work, and it as done in all its terrible details, and although eath was the result, in this case, he succeeded terwards. When Syme lectured he had poor tterance,—a nasal twang, and a faltering of voice -not agreeable to listen to, until the ear became ntored to the discordant sounds. He was epigram-matic in his lectures, and although he indulged in no useless verbiage, yet there was a completeness in every sentence, which made his lectures a model for students to copy from, and made it important to catch every word which fell from his lips. He had not the elegance of diction of Simpson, or the flowery language of Bennett, or the smooth-flowing eloquence of a Henderson. His aim was to speak to the point, with the fewest words possible to elucidate his subject. Hence his great popularity among those of his students who were of an analytical turn of mind, such always hate circumlocution, or even redundancy. Syme, like Simpson, was a son of the people. He came of an old and respectable family in Kinrosshire, and had an early training at the High School, Edinburgh. He was always reserved unless engaged in some of his favourite pursuits, and then he was voluble in the extreme. One of his pastimes, when quite a lad, was experiments in chemistry, and to such an extent did his passion for it lead him, that he was forsaken by his classmates for fear of explosions from his odd mixtures. His pocket money went for chemicals and apparatus. His ingenuity was often tasked to compensate for an empty purse, by the invention of needful appliances. He did not merely experiment as laid down in works written on the science, but he was perpetually forming new compounds, and testing their affinities, and relations to the danger of his life and limb, and yet he was only sixteen years of age. At this time he made a discovery for which he never received due credit, viz., he was the first to show how to apply *practically*, india rubber to its many uses. He entered the University at the age of eighteen, and while attending the non-professional classes was articled as a student of Barclay and Knox—the most skilful anatomists of that city. They will be remembered as the surgeons, (especially Knox) who got into bad repute as the recipients of the bodies of the murdered furnished by Burke and Hare, who, as murderers, are remembered with horror to the present day. The surgeons fled to England to evade condign punishment from the enraged populace, who accused them of being accessory to the crimes of the procurers. Knox died in Brighton, Eng., a few years ago. This flight compelled Syme to seek a new connection. He became acquainted with Liston, at that time attracting notice as a man of distinction as a surgeon. They were distantly related, and

both having a common object in view, soon became warm friends. Syme made gigantic strides forward, under Liston, and when the latter commenced to lecture in a private capacity, Syme was made demonstrator of anatomy, in his dissecting room.

* * * His students hailed from all parts of the world. On the same benches sat Egyptians and Asiatics, Russians and Americans, Frenchmen and Italians, and numbers of his students, now scattered all over the habitable globe, still feel the *afflatus* of the master teacher. In his operations he was always cautious, more than brilliant, and delighted in being successful, more than in being flashy and wanting success in the end. He took as much care of his patients afterwards, as during the operations, and he always impressed upon his students the importance of careful watching of cases after the knife had done its work. He used to say, the French were good operators, but with a grim smile he would add, "I have been in France often, but I never saw a man with a wooden leg." When in the Fever Hospital he carried out the "good old plan" of blistering, salivating and bleeding, for every disease, from nose-ache to toe-ache, but became so satisfied with this irrational mode of combating disease, in all its manifestations, that he entered the battle-field against it, and has been ably followed by Dr. John H. Bennett. The practice got into disrepute, but the fag end of the long file of converts cried out that disease changed in its type, and *necessitated* a change of treatment. "Ah," said Syme, "but if your theory be true, how does it happen that we perform more bloody surgical operations, than of yore, and notwithstanding that, and the great loss of blood, under conservative treatment, more recover?" That was a Gordian-knot which his opponents had no sword to cut. At the urgent request of his students and admirers, he wrote several works of acknowledged ability, and in these he showed his common sense, erudition and perspicuity. He showed in a monograph on "diseased joints," that a joint diseased could have its affected part cut out and thus save valuable limbs. This was a gigantic stride forwards. Many a poor unfortunate blessed him for this discovery. * * * In 1832 Syme published a work on surgery. There were few medical works in those days, and the most of them were valuable for their antiquity more than for their usefulness. Syme's book was a god-send to the surgical students of Britain, and even America. It was the quintessence of wisdom, and contained in a few words, lessons of instruction, which were not a mere jumble of words, but almost proverbs on surgery. I remember how delighted I was, only a few years ago, to re-peruse his book, notwithstanding I had Miller, Pirie, Druitt and Gross at my elbow * * * One of his greatest discoveries was in regard to the formation of bone. He showed conclusively by a series of experiments that bone was formed from its external covering, and not from the centre, and thus opened the way for practice in regard to the union of the bone, especially, in deformities of the bones of the face, by adapting to each other the parts of bone which supplied means of growth. It can at once be conceived how dozens of hitherto incurable cases of deformity and disease could by this knowledge be remedied and cured. I fail to recollect one other surgeon whose genius has done so much. Simpson justly immortalized himself in the practical use of chloroform. Syme has a catalogue of inventions, and applications, and theories attached to his name and memory, either of which would be a great memorial of which any surgeon might be proud. I can scarcely realize the fact that three such men as Syme, Simpson, and Sir James Clark have passed away within a few months of one another; but, they fought with death many a severe battle in the bodies of others, and now the fell-destroyer has his revenge. Syme was a severe opponent, and showed little mercy to his antagonists, but he scorned to take an undue advantage, yet he held his ground with great tenacity, and no foe ever found his theories wrong in practice. He scorned superficial investigation, and had no patience with pretenders. I remember how he fought, as late as 1857, against the "blood letters." The battle had been going on, for over 30 years, and Syme's army of progressive medical thinkers was daily increasing, while the "fogies" were fast passing away. He told his students how he was ordered by his superiors to go to the Infirmary, regularly, every evening, to bleed his patients. It mattered not if the diseases were as wide as the poles apart, the panacea was bleeding. One patient in one of the wards was bled one evening to the extent of five pounds, and in the morning as the unfortunate did not seem much better he was bled two pounds more. In low fevers as well as in severe injuries the same course of treatment was pursued, and he did not wonder at the great mortality. He said often, in substance, if you

have a diseased fruit tree in the garden, you do not cut a gash in it, and let the sap run out, to restore it to the healthy action. In bodily disease, a vein is opened in the arm, to reduce imflammation, and because in acute disease the pain is allayed, it is supposed to be subdued. The *susceptibility to realize pain* is deadened by the reduction of blood in the system, as a string tied round the arm benumbs it, because of impeded circulation. At the same time, nature has to make a draft upon the system to repair the mischief done. The master builders have no material to work with, and the encroachments of the enemy go on apace. The words are mine, but the argument contained is his, and the world at the present time endorses the sagacious view. Who can calculate the good such a man does to humanity. The circle of his influence ever widens, and deepens. and long after his name has been forgotten, his practical discoveries will still bless frail mortals, in the hands of a cloud of noble workers, who will doubtless rear a goodly superstructure, on the solid foundation laid, with sagacity and skill, by such as honest and undefatigable Syme. Let me say in conclusion, that Syme, Liston, Miller, and Simpson forgave one another long before the grave closed over their remains, and left behind them only a sweet remembrance.

SIR JAMES Y. SIMPSON, M.D.

Dr. Simpson's class-room was always full of students. It was semi-circular in shape, and had elevated seats. When he first entered the class-room we noticed a stout-built man, rather inclined to fatness. His rounded figure, short neck, and dumpy hands, suggested a baby. His hair was worn long, and was of an auburn color. One lock was continually dangling about his eyes, and required constant attention from his left hand. We were doubtful if he could concentrate his thoughts, were it not for the brushing back of the truant mass. His face was full and ruddy. The eye of a deep blue color and sharp; and the mouth somewhat firmly compressed, when in a state of repose. He smiled as if he meant it, and the effect of it was irresistible. His *forte* in lecturing was not so much because of elocutionary power, choice phrases, elegant language, rhetorical flourishes, and violent gesticulation, or declamation, as in having a mellow and full voice, using as plain language as professional lectures would allow, and in a colloquial style that was pleasant and instructive. His sentences were short, and to the point, and stripped of all useless verbiage. At the same time his lectures were vigorous. When he chose to be sarcastic the words came sharp as a Damascus blade, and in a tilt with a medical antagonist his power lay in facts and figures. He would wield the chalk on the blackboard with effect, because he could enter into details with great facility and overpower his opponent with details, into which few were able to follow. His thrusts at a certain system of medicine, which, at that time, held to infinitesimal doses, were ludicrous in the extreme, when figured up on the board. At the same time he never descended to personalities, or coarseness; and although he lectured on the most delicate subjects, there was a natural refinement about him, and in his choice of language a chasteness which would not shock the most fastidious taste. He was fond of interlarding his remarks with remarks illustrative of some important subject; but although he had medical experience extending from the crowned heads of Europe to the *gamin* who cling to the wheels of nobles, yet he never betrayed, by word or gesture, professional confidence. We remember the anxiety manifested in Edinburgh in the spring of 1858, when Lucknow was besieged, and with the Cawnpore tragedy fresh in the minds of the British people, intense interest centered on the beleagured city. About that time the mythical story of "Jessie of Lucknow," with the heart-stirring exclamation of "Dinna ye hear it?" found its way into the papers. Prof. Simpson came into the lecture-room one morning, and before commencing his lecture, read the thrilling story with great effect. There was a six-footed Highlander sitting on the bench behind me, who, while listening to the recital of Sepoy cruelties, and the weird-like history of suffering, with flashing eye and clenched fists, until forgetting time and place, he startled me by a sudden springing from his seat, and laconically exclaimed, "D——m 'em." Consternation immediately seized him. He wilted into his seat and amid the titter of his comrades, and the forgiving smile of the Professor, he felt that he was pardoned the breach of etiquette. There was a charm about Simpson's face which acted as a talisman among his patients, and if there was a weakness about him more prominent than another, it was that of promising to be everywhere and go everywhere, to relieve suffering humanity, when it

was beyond anything but omnipresence to do so. He meant to overtake all he promised. The soul was willing but the flesh was unable. The patients —high and low—would be annoyed at his delay, but when he appeared and smiled upon them, the scolding was forgotten in the joy at having his presence, and seeing his painstaking care exercised in their behalf. I never knew of his making any invidious distinctions between the rich and poor.

* * * Being a person of great sensibility, he often shrank from the infliction of pain necessary for the prosecution of the duties of his profession. He was continually on the alert for drugs that might destroy pain, and suspend feeling during severe operations, or paroxysms of pain. In the end of the last century, Sir Humphrey Davy recommended Nitrous Oxide (laughing gas) as an Anæsthetic, but no practical benefit flowed from this suggestion until 1844, when Dr. Horace Wells, a Dentist, of Hartford, Connecticut, U. S., employed it for extracting teeth without pain. He was led to use it—not as a narcotic merely—but as an excitant, for he had observed that when persons were greatly excited, as in a street fight, in battle, or in a state of intoxication, they were insensible to pain, and, therefore, he inferred that excitement induced by gasses would produce the same effect. He communicated his views to his friends but they were not favourably received. On the 30th September, 1846, Dr. Morton, of Boston, U. S., used Sulphuric Ether in the same way with success. This he did at the suggestton of his friend, Dr. Jackson. Dr. Simpson was not altogether satisfied with Ether. He set his mind to work to find out some more potent compound. Not being a chemist himself, he communicated his desire to Mr. Waldie, an accomplished chemist of Liverpool. This gentleman suggested chloroform, and Dr. Simpson was always careful to give him credit for the recommendation. Dr. Simpson experimented with it upon himself, and his two assistants, Drs. George Keith and Matthew Duncan. He often amused the students by giving his experience of the inhalation of the drug. This was on the 4th of November, 1847, and on the 10th of that month, he introduced it to the notice of the *Medico-Chirurgical* Society, of Edinburgh. Many of the members experimented with it, and the consequence was that a crowded meeting was found in a state of excitement which was very amusing. Some of the most sedate became hilarious and even riotous, and those who usually had most voluble tongues, were in a state of torpidity, like intoxicated men. It was introduced into the Royal Infirmary, and in a few months was used throughout christendom. Chloroform was discovered by a continental chemist, called Soubeiran, in 1831, by Liebig, the next year, and at the same time by Mr. Samuel Guthrie, Sackett's Harbour, New York, but the discovery of its peculiar narcotic properties, was by Dumas and Peligot, three years later. It acts in the same way as opium or alcohol, by suspending consciousness, and therefore sensation and volition. Dr. Simpson has shown, however, that the idea of lulling or destroying pain in this way is not new. He quotes from Dioscorides, Pliny, and Apuleius, authors of antiquity, that during the existence of the Roman Empire, the mandrake root, (atropa mandragora) steeped in wine was given to destroy suffering in persons who were to be treated by operations, and complete insensibility was the result. Pliny says that the seeds of *eruca* were given to criminals before being lashed or executed. The gall and vinegar offered to our Saviour was doubtless of the same character. The extract of Indian hemp is used in India for the same purpose, and Dr. Simpson showed that narcotic *vapours* were, in the 23th century, used during surgical operations. Many persons believe that he was the discoverer of this potent agent, when he was only the means of making it of practical use. It is true that many deaths have taken place from its use, but think of the hundreds of thousands to whom it has been administered safely; and contemplate the fact that it has saved the lives of countless myriads by its anodyne virtues as well as by its destroying the effects—so often fatal formerly—of the so-called "shock," to the human system during a serious surgical operation. Now, though the limb may be severed from the body, or organs of sense extirpated, or the keen surgeon's knife searching for morbid growths in the vital parts, or pangs the most poignant racking the frame, yet, by chloroform, the hallucination is complete. The most beautiful imagery dances before the mental eye. The most seraphic sounds from angels' harps fall upon the ear. A state of ecstatic joy comingles with intermittent periods of obliviousness, until consciousness folds up its wings and all existences are a blank. In the meantime a needed work has been done, and untold suffering avoided. * * *

A CASE OF LUMBAR HERNIA.

BY WELLINGTON N. CAMPBELL, M.D.,
House Surgeon, Reception Hospital, West Ninety-Ninth Street, N. Y.

Thomas Whelan, four years of age, born in this city, was brought to the Out-Door Dispensary of this Hospital, on the morning of November 22nd, 1873, for the treatment of an abscess, as the father called it. We were directed to the spine as the seat of trouble, from the peculiar aspect of the patient, which is so characteristic of spinal disease. On examination, was found a convex curvature of the spinal column, at about the middle of the dorsal vertebra, which was first noticed by his parents two years ago, and which very gradually increased in size. Eighteen months ago an abscess formed in the left loin, between the crest of the ilium and the last rib; after attaining a considerable size, it was lanced by a surgeon in attendance, and much pus discharged therefrom. A poultice was then applied, and it continued to discharge up to the first of last May, at which time they discontinued the poultice and the wound closed. One month following the closure of the wound, another tumor made its appearance, which gradually increased, and the father, deeming it advisable to have it lanced as before, brought his child to this dispensary. The tumor was found to be situated at that point where the quadratus lumborum and latissimus dorsi intersect the external and internal oblique muscles. It was then about the size of a goose egg, soft and fluctuating to the touch; tympanitic resonance was obtained on percussion, and upon performing taxis forward and inward, it was reduced, followed by a rumbling or gurgling sound, reappearing upon the patient's coughing or making muscular exertion.

From these and other familiar signs it was diagnosticated to be a lumbar hernia, due, in all probability, to disintegration of the muscular fibres of these muscles, owing to the long-continued discharge from the abscess above mentioned. After reduction was accomplished, a compress and bandage was applied to retain the intestine in place. The case was presented to Prof. Mott, at his clinic, at Bellevue College, on the following Wednesday, and he confirmed the above diagnosis.

In looking over the literature of the subject, I find that Gross makes mention of but four cases of lumbar hernia. Holmes one, and Erichsen of none. Gross, Vol. II, page 559: "lumbar hernia is extremely infrequent, the only cases hitherto reported being those of Petit, Pelletan, Cloquet and Chapplain."

Holmes says that in the third *Bulletin des Travaux de la Societe de Medecine de Marseille* Dr. Chaplain relates the case of a man, aged sixty, who, after being squeezed between a wall and a carriage, found in his loin a tumor between the crest of the ilium and the last rib. It appeared at first like a chronic abscess, but the presence of intestine was easily ascertained. Mr. Kingdon has seen a case of this kind. The bowels protruded just above the crest of the ilium, at its highest point, about three inches from the spine, just where the quadratus lumborum and abdominal muscles meet. The man was fifty-four years old, tall and thin. He suffered with hæmoptysis and emphysema of the lungs.

The reasons I deem sufficient for publishing this case are as follows:—

1st. On account of its rarity.

2nd. On account of the peculiar circumstances under which it occurred.

3rd. The imminent danger that would necessarily follow the opening of a tumor of this nature.

Correspondence.

(To the Editor of the LANCET.)

SIR,—Surely the *Globe* has "gane gite" on matters medical. When the Medical Bill was before the House it pinned its faith to the Homœopathic sect, and became lacrymose over the fate of their "little bill," and deprecated, with all its thunder, the "big jorum or death" of the "Allopaths," and the cruel fate of Mrs. Squeers' sulphur and treacle." Now it flies off at a tangent, and deserts its first, or second, or third love, medical, in consequence of Mr. Gladstone's expressed intention to study medicine, and under the caption of physiological studies, in this day's issue advises every one to become "his own physician!" It is so easy to "know thyself," and the knowledge of the "action and uses of drugs" and the "laws of health" are so easily acquired, that there is really no difficulty in the way! Really! And then, you know, "regular practitioners" would not "make so much money!" Of course not, when every one becomes a "regular practitioner," and has only one patient, and that one a "deadhead!" The idea is a capital one, and worthy of

"The Thunderer." Let us pursue it to its logical conclusion. Of course there would be no one in the whole medical Utopia to find fault; no more actions for mal-practice. Every one might elect the Allopathic "big jorum," the Homœopathic eleventh dilution, the Hydropathic wet blanket, the vegetarian cabbage and corn salad, or the Hygienic melange, *a la Ryder*, according to the dictates of his own sweet will. And of course every one could be his own Editor, and Printer,—it is so easy to write leading articles and set type, you know;—his own lawyer, butcher, baker, tailor, cook, laundress, clergyman,—who could not write a sermon, that would please himself, and preach to his own satisfaction?

In fact there is nothing to prevent one from being everything to himself, and absolutely independent, from the day he is weaned to the day of his death! I can't quite see how he could be his own undertaker; true he might solve the difficulty by becoming a convert to "cremation," he could then build his own funeral pile, ascend it at the time he had decided upon "shuffling off this mortal coil," and, by means of a time-fuse, both fix the date of his own demise and funeral, and actually dispose of his own ashes. I merely throw this out as a suggestion; doubtless the *Globe* will discover a "better way."

I have no doubt, Mr. Editor, but that by the time the Editor of the *Globe* understands "the nature of digestion, the circulation of the blood, the qualities of drugs and their effects on the human frame," "I and every other" Regular Practitioner will not only be able to write leading articles on subjects we know nothing about, but will also be able to set the type, put them in form and print them.

In conclusion, let me whisper in the sapient editors' ear *"ne sutor ultra crepidam."*

Yours truly,

A Regular Practitioner.

Toronto, May 15th, 1874.

A MONSTROSITY.—ONTARIO MEDICAL ACT &c.

To the Editor of the Lancet.

Sir,—On March 4th, I delivered a woman of a full grown, dead, female child, whose heart was outside the chest. The aorta, pulmonary artery and veins and venæ cavæ passed out over the interclavicular notch of the sternum and were adherent to the skin, which thinned down and changed to serous membrane, so far as naked eye appearance indicated, where it rested on the heart. The pericardium was absent, and the heart considerably flattened. From the condition of the child and the statements of the mother, I judge it had been dead two weeks before labor came on, which seemed to have been delayed that time. I was not allowed to open the chest, consequently cannot describe the internal arrangement of the organs. There was six or eight times the usual quantity of liquor amnii. The placenta was very tender and slightly adherent, which compelled me to pass my hand into the uterus and scoop out the contents. The woman made a good recovery.

The Ontario Medical Act, which you published in the May number of the Lancet, ought to prove both a professional and public blessing. Here, in New Brunswick, we are without any law to regulate the practice of medicine. Hence the Province is overrun with quacks of the most barefaced description. Some of them go from house to house, seeking for victims to "cure," and when one is found willing to employ them, the most unreasonable promises of cure are made, which in too many cases prove disastrously false.

It is desirable that the Ontario Act become a Dominion Act as speedily as possible, with such wise modifications and amendments as will make it apply to all the Provinces.

Every M.D. who runs into politics and obtains a seat in the Dominion Parliament, should use his influence to get such a law enacted. The general public are extremely ignorant of medicine, and ought to be protected by law from quacks and impostors generally. Humanitarian.

Salisbury, N. B., May 17th, 1874.

Selected Articles.

ROTHELN, OR GERMAN MEASLES.

BY ROBERT LIVEING, M.D., F.R.C.P., PHYSICIAN TO THE MIDDLESEX HOSPITAL.

Gentlemen,—In April, 1870, Dr. Murchison directed attention in this theatre to two cases of German Measles then under his care. Since that time until the present summer (1873) I am not aware that any similar cases have been admitted into our hospital; indeed, the malady is of so mild

character that it is not commonly seen in our wards. It is therefore all the more important that you should turn your attention to it whenever occasion offers; for ignorance of its peculiarities may hereafter involve you in troublesome errors of diagnosis in the practice of your profession.

The disease we are speaking of was first described by German writers more than half a century ago, under the name of "rubeola," by which name it is still known in Germany. Unfortunately the same name has been applied in the country to common measles, or morbilli, so that we are obliged to introduce a new name, such as "German measles," "rotheln," or "hybrid measles," or "hybrid scarlatina." The two latter names are most objectionable, inasmuch as they give colour to the erroneous notion that the disease is a combination of measles with scarlatina.

The following points are especially worthy of note:—

1. The premonitory fever in German measles is generally mild, and resembles in many respects, though not in duration, that of common measles. There is more or less pain in the limbs, slight shivering, sore-throat, and often, though by no means always, coryza, redness of the conjunctivæ, and sneezing. All these symptoms were present in some of the cases I have had under my my care. The characteristic features, however, of the premonitary fever, as contrasted with that of measles, is its *duration*, which is seldom much more than twenty-four hours, whereas in measles it is from three to four days—that is, the eruption of the latter disease appears on the fourth or fifth day. Dr. Murchison remarks on this point, that "most authors fix the duration of this stage at about three days, the eruption being said to appear on the third or fourth day. In my experience, its duration, as in the cases you may have seen in the wards, is much shorter, the rash appearing on the second day, or even within the first twenty-four hours." Dr. Murchison's experience is entirely borne out in this respect by my own, and that of many other observers. Indeed, I consider the short duration of the febrile attack before the eruption appears as one of the most constant and distinctive features in which the fever differs from ordinary measles.

2. The character of the eruption when it first appears is almost all described as "measly"—that is, in small reddish patches. In the first instance the rash consists of small rounded collections of minute red pimples, which after a time coalesce and form larger irregular patches, just as in measles, but with apparently less tendency to become of a horse-shoe or crescentic shape. After a time the patches may all unite, and then the skin becomes to the naked eye of a uniform red colour, closely resembling that in scarlet fever. This coalescence of patches was complete in two of the cases recently under my care in this hospital, In the other cases the confluence was only partial, the eruption retaining some of its patchy character until it finally faded away. The rash is generally of a rather brighter colour than is met with in typical measles. "The eruption," says Dr. Murchison, "is copious in direct ratio to the severity of the general symptoms. It lasts longer, as a rule, than the rash of either measels or scarlet fever—from four to ten days. Its disappearance is followed by a desquamation of branny scales." With regard to the desquamation, I would remark that it is not generally such a characteristic feature as in scarlet fever. Very mild cases of the latter disease often desquamate freely. Mild cases of German measles, on the other hand, desquamate but little, as in the cases before us, where it was but slight. The protracted duration of the eruption is certainly one of the characteristics of the malady, though no doubt a more or less variable one, and of little or no value as a means of early diagnosis. In the cases under my care in the hospital the eruption lasted from five to seven days—a longer time than is usual either in measles or scarlet fever.

3. Amongst the most constant symptoms of this fever is the persistent, though not generally severe, sore-throat. The tonsils are red and swollen, and remain in that state usually for some days after the rash has faded; indeed the sore-throat is often the last symptom to disappear. This soreness about the fauces is by no means of the same severe character as that met with in scarlet fever, and very rarely leads to ulceration.

4. The presence of albuminuria if of not unfrequent occurrence, and it was present for a short time in two of the examples under discussion. It does not always, however, pass away rapidly, as it did in these cases; it may become chronic, or even lead in some rare instances to acute dropsy. This, in fact, constitutes the chief and almost the only grave feature of the disease, but, as it rarely occurs, a favourable prognosis may be given.

5. The disease propagates itself, and never leads to the production of either scarlet fever or measles in others. The seed, as a gardner would say, comes up true. This is a fact of great importance, and almost conclusive against its being either a mild form of morbilli or scarlatina, or even a combination of the two.

6. German measles affords no protection from either of its allied diseases; nor does scarlet fever or measles protect, in the slightest degree from attacts of rotheln. This fact, if admitted—and it is undoubtedly true,—is the strongest possible evidence that the disease is distinct from all others, however its superficial appearance may lead us to believe that it is some modified form, or so-called hybrid, of scarlatina and morbilli. All my patients, with one exception, had previously had measles. My own opinion is, that rotheln is more distinctly epidemic, at least in this country, even than ordi-

nary measles, and certainly more so than scarlatina; and, further, that it is probably far less contagious than either of those diseases, though on this point I should be very unwilling to dogmatise. Several convalescent children were in constant communication with the cases in my wards, but not one of these children contracted the malady. Moreover, several cases that I have had under my care in private practice have failed to communicate the disease to others.

In conclusion, I would remark that German measles is not yet fully recognized by the profession in this country; little or no account is given of it in ordinary text-books on medicine, and its name does not find a place in the "nomenclature of diseases" drawn up by a committee of the Royal College of Physicians. Under these circumstances, it is not surprising that errors of diagnosis should sometimes bring discredit on our profession. For example, a medical man is called in to a case of German measles in its early eruptive form; he is not particular to inquire about the symptoms or the duration of the premonitory fever, and he at once pronounces it *measles*. Perhaps this would be of little importance if the case remained under his care, but unfortunately he is sent for to the country, and in the meantime the character of the rash of his patient has changed to a uniform red eruption, and is pronounced by some other medical man to be *mild scarlatina*. In the course of ten days, probably, the patient is well, and it is then evident that the case is one neither of measles nor of scarlatina, but of rotheln. It is in order that you may be on your guard against similar mistakes that I have to-day directed your attention to this subject.—*Brit. Med. Journal.*

YELLOW FEVER.

We have more than once referred to the terrible epidemic of yellow fever which visited the little town of Shreveport last autumn. A few particulars of the outbreak and nature of the disease, as observed by a medical man on the spot, will not therefore be out of place. Dr. Henry Smith, of New Orleans, who was deputed by a life insurance company to report on the epidemic, left his house on September 10th, and arrived at Shreveport on the 13th, after a journey of nearly seventy hours. He found the town in a state of terror and panic impossible to describe. All who had been able to fly had done so, and desolation reigned supreme. Dr. Smith worked night and day with a devotion which does him honour. After pointing out certain defective sanitary conditions apparent in the locality, and which must have had a powerful influence in prolonging the existence of the disease, Dr. Smith gives the following details, based on his treatment of 243 cases of unequivocal yellow fever. The fever often came on very suddenly, with rapid pulse and high temperature, generally preceded by a severe chill, with pain in head and back, occasionally accompanied by spasms of the lower extremity. The skin became hot and dry, the pulse full and strong, ranging from 120 to 140 and upwards. The tongue was coated and dirty, with a flabby appearance. The average duration of the febrile paroxysm was sixty hours, or about two days and a half. In favourable cases the establishment of convalescence was succeeded by great depression of the vital powers, the pulse falling from 140 to 80, 70, and even 50, while in one case it sank as low as 40 beats in a minute. In the graver cases the face was suffused, and the eyes highly injected. There was often furious delirium, while profound stupor marked the last stages. The perspirations were variable, and occasionally offensive. The skin was bronzed and yellow, but this appearance was often wanting. In many of the fatal cases, simultaneously with yellow eyes and skin, there were black stools, reddish-dark urine, and bloody vomit, while the skin was covered with bluish or black patches. During convalescence abscesses and eruptions on the face were frequent, and desquamation of the cuticle was very common. A noticeable fact was the rarity of black vomit, and when it did occur the patient sometimes recovered. In a large proportion of the cases the kidneys were affected early in the disease, frequently resulting in fatal suppression of urine. Retention was common, necessitating the constant use of catheters. As regards the purely medicinal treatment of the disease, Dr. Smith found that quinine and opiates were as a rule inadmissible, and he is satisfied that the former agent cannot be used in uncomplicated yellow fever. From ample trials he regards aconite as the most useful drug to be exhibited. It produced free and sometimes copious diaphoresis, and appeared to exert great controlling influence on the heart's action, and indirectly over the nervous system. Its administration, however, requires great caution, and its effects should be carefully watched.—*The Lancet.*

BILLROTH'S CASE OF EXTIRPATION OF THE LARYNX: ARTIFICIAL VOCAL APPARATUS.

In the JOURNAL of January 31st was given an account of a case in which Professor Billroth of Viena extirpated the larynx on account of malignant disease. The man on whom the operation was performed was exhibited at a meeting of the Vienna Medical Society, on February 27th, when Dr. Guessenbauer, in the unavoidable absence of Dr. Billroth, described the apparatus which had been devised to supply the place of the larynx. The object to be carried out, to enable the man to speak, was to establish a communication between

the trachea and the cavity of the mouth. An apparatus was made, from instructions given by Dr. Gussenbauer, by Herr Leiter, the instrument-maker; and the patient had been able, by the aid of this, to speak distinctly when exhibited to the clinical class in the hospital. The apparatus, however, did not perform its functions perfectly; and an improved one had been constructed by Messrs. Leiter and Turriegal, which was demonstrated to the Society. It consists essentially of two curved canulæ—a tracheal canula and a voice-canula; and, for vocal purposes, there is a tongue of silver plate, capable of producing a deep note. This has been proved by numerous experiments preferable to one with a high note, as it allows more space for breathing; and the air can pass more quickly, and more readily produce vibrations in the metallic tongne. By means of this apparatus, the patient is able to speak well, with a clear sonorous voice; but, before he can speak, he is obliged to expectorate, to remove the secretion accumulated in the apparatus. Dr. Gussenbauer has also made some experiments with the view of forming an apparatus of elastic membrane, the tone produced by which resembles the human voice more closely than that of metal; but he has found that the apparatus of elastic membrane is much less capable of being cleaned than the metallic one; and there is the further objection, that the elasticity becomes impaired by continued use. The patient at first wore a respirator for protection against the cold air. As a large portion of the epiglottis was removed, it was thought at first that the patient would not be able to swallow—and, in fact, fluids passed out through the opening that had been made. He learned, however, to push the dorsum of the tongue back when he swallowed, so as to close the opening of the air-passage; and a special apparatus has been devised by Dr. Gussenbauer, which still more completely acts as an artificial epiglottis. After Dr. Gussenbauer had described the apparatus, the patient applied it, and read some lines aloud. Articulation was evidently attended with some little difficulty; but, in spite of the monotony of the voice, the words could readily be distinguished.—*Brit. Med. Journal.*

THE IDENTIFCATION OF THE REMAINS OF DR. LIVINGSTONE.

The hold that the superstition of burial has upon the English race, and the probabilities cremation has of becoming popular, seem to us to be plainly outlined in the excitement in regard to the recovery of the body of the great African traveller and philanthropist. To us the one important point has been the recovery of his diaries and other papers and records. Yet we hear very little about this, although the newspaper press has teemed with particulars concerning the body. When the latter reached England, the question of its identification was of course an important one. As the readers of "Livingstone's Travels" will remember, some years ago he was seized by an infuriated dying lion, and his left arm very much lacerated, the bone being crushed to splinters: from these wounds he recovered with an ununited fracture. Dr. Livingstone had during life consulted very freely Sir William Ferguson concerning this arm, and to him were intrusted the examination and identification of the body. In his report he says, *inter alia:*

"From what I have seen I am much impressed with the ingenious manner in which those who have contrived to secure that the body should be carried through the long distance from where Livingstone died until it could reach a place where transit was comparatively easy, accomplished their task. The lower limbs were so severed from the trunk that the length of the bulk of package was reduced to a little over four feet. The soft tissues seem to have been removed to a great extent from the bones, and these latter were so disposed that by doubling and otherwise the shortening was accomplished. The abdominal viscera were absent, and so were those of the chest, including, of course, heart and lungs. There had been made a large opening in front of the abdomen, and through that the native operators had ingeniously contrived to remove the contents of the chest, as well as of the abdomen. The skin over chest, sternum, and ribs had been untouched.

"Before these points could be clearly ascertained, some coarse tapes had to be loosened, which set free some rough linen material—a striped colored bit of cotton cloth, such as might have been an attractive material for the natives among whom Livingstone travelled,—a coarse cotton shirt, which doubtless belonged to the traveller's scanty wardrobe, and in particular a large portion of the bark of a tree, which had formed the principal part of the package,—the case thereof, no doubt. The skin of the trunk, from the pelvis to the crown of the head, had been untouched. Everywhere was that shrivelling which might have been expected after salting, baking in the sun, and eleven months of time. The features of the face could not be recognized. The hair on the scalp was plentiful, and much longer than he wore it when last in England. A moustache could not be recognized, bnt whiskers were in abundance. The forehead was in shape such as we are familiar with from memory, and from the pictures and busts now extant. The circumference of the cranium, from the occipnt to the brow, was twenty-three and seven-eights inches which was recognized by some present to be in accordance with such measurements when alive.

"In particular the arms attracted attention. They lay as if placed in ordinary fashion, each

down by the side. The skin and tissues under were on each side shrunk almost to a skeleton bulk, and at a glance to practised eyes—there were five, I may say six, professional men present—the state of the left arm was such as to convince every one present who had examined it during life, that the limb was Livingstones's. Exactly in the region of the attachment of the deltoid to the humerus there were indications of an oblique fracture. On moving the arm there were the indications of the ununited fracture. A closer investigation and dissection displayed the false joint, which had long ago been so well recognized by those who had examined the arm in former days. Thousands of heads with a like large circumference might have been under similar scrutiny; the skeletons of hundreds of thousands might have been so; the humerus in each might have been perfect; if one or both had been broken during life it would have united again in such a manner that a tyro could easily have detected the peculiarity. The condition of ununited fracture in this locality is exceedingly rare. I say this from my professional experience; and that such a specimen should have turned up in London from the centre of Africa, excepting in the body of Dr. Livingstone, where it was known by competent authorities to have existed, is beyond human credibility. It must not be supposed by those who are not professionally acquainted with this kind of lesion—which often causes so much interest to the practical surgeon—that a fracture and new joint of the kind now referred to could have been of recent date or made for a purpose."—*Phda. Med. Times.*

CINCHO-QUININE.

The following communication from J. F. Miller, M.D., of Goldsboro', N. C., appears in the *Philadelphia Medical and Surgical Reporter*, of February 14th, 1874:—

The comparatively new article of medicine, *Cincho-Quinine.* having become a subject of much comment by quite a number of medical gentlemen, I have been induced to try it in my own practice. I have been using it freely for about twelve months, and have fairly tested its virtues, both as a tonic and antiperiodic, and I can safely recommend it to my professional brethren as a most valuable medicine. I have observed but one unpleasant effect on children, *i.e.*, an efflorescence of the skin after giving the medicine for several days in full doses; but this effect is comparatively rare and really of little importance. I do not regard the cincho altogether equal to the sulphate of quinia as an antiperiodic, of the same quantity by weight, but probably about one-eighth weaker; that is to say, it will require one-eighth more by weight of the cincho to make it equal to the sulphate of quinia as an antiperiodic. But the sulphate costs a little more than one-third more than the cincho, which, as a pecuniary investment, leaves a balance in favor of the latter article. The cincho-quinine certainly agrees with the stomach better than the sulphate, and produces little or no nervous derangement, and is consequently preferable to the sulphate in many cases. Notwithstanding the eruption that now and then appears from its exhibition to children, I regard the cincho-quinine the very thing for this class of patients, for by making an elixir of the medicine, they take it very readily, which is a most important consideration.

The following are only a few of the many cases of children treated with the cincho-quinine, and I also give the formula, used by myself in preparing the elixir:—

Ella, child of W. F. F., æt. eighteen months, has had intermittent fever, quotidian form, for several days. Chill believed to appear from eight to ten o'clock A.M.

R	Cincho-quinine - - - -	grs. vij.
	Aro. sulph. acid - - - -	gtt. v.
	Syr. zingiberis - - - -	
	Aquæ rosæ - - - - -	aa 3 ss.

Mix and dissolve. Sig. Teaspoonful at eight and eleven A.M., and two and five P.M.

No perceptible chill, but a slight fever came on about one o'clock P.M. Repeat the prescription at five, seven, nine, and eleven A.M., following day. Result, no chill or fever, and patient recovered without further difficulty.

Tommy, son of T. B. H., æt. five years, has had two chills, tertian form; the last chill being very severe and fever lasting unusually long; bowels costive. Time of chill seven A.M.

R	Hydr. chlo. mitis	
	Leptandrin - - - -	aa. gr. ij. M.

Sig. Take at bedtime.

Medicine acted well early next morning, and at eight and eleven A.M., and two and five P.M, two teaspoonfuls of the following mixture were given:—

R	Chincho-quinine - - - -	grs. xij.
	Aro. sulph. acid - - - -	gtt. vij.
	Syr. zingiberis	
	Aquæ rosæ - - - - -	aa. 3j.

Mix and disolve. Result, no return of chill or fever, and patient rapidly recovered. The remainder of the prescription was given to him in teaspoonful doses *ter in die.*

The last case that I shall notice (though many others might be given) is that of my own child, Charlie, æt. seven and a half years. To him I gave the same prescription given to child of T. B. H., with a like result. A few drops of tinct. cinnamon will add to the agreeableness of the elixir of cincho-quinine.

"ON DRAINAGE."

It is a well-established fact, that the principal cause of fever is a humid, miasmatic state of the atmosphere, produced by the presence of an excess of moisture on the ground, from which poisonous exhalations constantly arise, and carrying into the system of those who inhale it a virus which, if not sufficiently intense to produce fever, has such a disturbing effect upon the functions of some organs as to weaken the general system and act as a powerful predisposing cause of some of the most common and fatal maladies to which the human body is subject.

It follows as a matter of course, that the first effort to improve the salubrity of any place whatever should be directed toward preventing the aggregations of water in particular localities, and to remove such as have been allowed to collect.

As the sanitary condition of any city or district of country is so intimately connected with its proper drainage, and the latter is so dependent upon and goverend by the topography of the locality, it would appear requisite that any inquiry into the causes or remedies for sanitary evils existing in the city of New York should be based upon a thorough knowledge of the topography of the island upon which it is built; and I have no hesitation in expressing the opinion that one of the chief causes of mortality is to be found in the defective drainage of certain districts of the city; and furthermore, that this is an evil which is increasing as the city extends itself towards the northern portion of the island, and that the main elements by which the evil is increased are the so-called city improvements, or grading of streets and avenues, which are now being carried forward.

The consequence is an accumulation in different localities of deposits of stagnant water, which in itself is not only detrimental to health and productive of epidemics, but by reason of accumulation it causes the saturation of an extensive area of ground, permanently unfitting it for building sites, since no house can be located within this area of saturation without being affected by dampness to a greater or less extent.

The result is that any change of temperatare in the apartments of these houses must produce a condensation of the moisture which is ever present in these apartments by presence of capillary attraction, which has caused it to ascend from the saturated earth on which the house is built. The very heat with which the occupants of houses so situated seek to draw off this dampness only aids in the end the capillary force which is always at work. As a result of this disregard of nature's simplest laws, and under a criminal combination of ignorance and neglect, we have constantly present the various forms of intermittent and typhoid fevers, consumption, scrofula, and all the diseases attendant on the atmospheric conditions which are due to this source.—GEN. VIELE ON DEFECTIVE DRAINAGE, *The Saditariau for March.*

ATOMISED INHALATIONS.

The Paris Academy of Medicine has had a discussion respecting the therapeutic value of inhalations of atornized fluids, or sprays that deserves attention. The debate originated in a report on the mineral waters and baths of France presented by M. Bourdon. In France several of the mineral waters are used not only for baths and drinking, but for application to the respiratory mucous membrane as sprays. It may indeed be said that it was in these establishments that the use of sprays first found favor. Rooms are fitted up for the purpose, and filled with the atomised mineral water, the use of small apparatus being in reality a substitute for such rooms. We are, however, disposed to think that the use of the small apparatus is in many cases preferable to a resort to the establishments. It will be seen that it is to the latter the discussion at the Academy chiefly related.

M. Bourdon mentioned that atomised waters were used by Fontan at Luchon more than thirty years ago, and ten or twelve years ago the therapeutic uses of Luchon water, in the form of spray, were brought under the notice of the Academy. It was shown that the spray really penetrated by various experiments on animals, and on a woman whose trachea had been opened; but it has been contended that the composition of the liquids is changed, and no doubt gaseous constituents are decreased or lost.

From the debate that ensued, it is clear there is great divergence of opinion in France as to the therapeutic value of sprays. Trousseau approved of them, as did others, and as do now Professors Gubler, Demarquay, Giraldes, and others. M. Ridoux, who is inspector at Eaux-Bonnes, says he has only used sprays for the fauces and first portion of the larynx. In pulmonary diseases he finds they fatigue the patients too much. He says in experiments on animals the liquid penetrates the trachea and bronchi because it is injected with force; but in human beings, in ordinary conditions, he does not believe the spray enters the deeper parts of the respiratory passsges to such an extent as to be useful. He therefore does not attach much importance to spray in diseases of the lungs, and in this he was supported by MM. Durand-Fardel, Jules Guerin, and Colin. These authorities, however, distinctly admitted the value of sprays in diseases of the throat and though they doubted their penetration far into the bronchi, acknowledged they had been proved to enter the larynx.

We think that English therapeutists will generally adopt a similar view. In diseases of the

throat sprays are effectual; in many cases they are the best remedies for laryngeal disease, but the deeper the disease in the air passages the less likely are sprays to be able to control it.—*The Doctor.*

WHAT OTHERS THINK OF US.

We copy the following from the editorial columns of the *Peninsular Journal of Medicine*, Detroit, Nov. 1873 :—

"We have for a long time been interested in the operations of the Canadian government in organizing an examining and licensing body, known as the College of Physicians and Surgeons of Ontario, and in requiring a registration of all licensed practitioners of medicine, or those allowed by law to practice within the Province. This College, which has been in existence between five and six years, has done a great work in legalizing the medical profession of that country. Of all the students who have come up for an examination, not one thus far has selected to register other than as a general practitioner of medicine, although there are several Homœopaths and Eclectics on the Board. We believe that there is a similar college for the lower province of Quebec. Encouraged by the efficient workings of the Canadian measures in this direction, as well as the relatively high position the profession maintains for itself in European countries, we have watched with not a little curiosity the efforts lately made by the profession in this State, to have the power of licensing persons to practice medicine delegated by the Legislature to an examining college. A committee appointed at the Grand Rapids meeting of the State Medical Society last year, reported a draft of a proposed act legalizing the medical profession in this State, and constructing an examining and licensing board, to be called the College of Physicians and Surgeons of Michigan, to be composed of a certain number of practitioners belonging to so-called schools of medicine. This report was received by the society at its last meeting, and reserved for further consideration.

The State Medical Society, at its Saginaw meeting in June, of this year, appointed a committee of representative men, to confer with the Board of Regents regarding the relations between the medical department of the University and the profession of the State, in respect to the future conduct of said department. This committee, in a report showing a very careful survey of the whole subject, invited the Board of Regents to co-operate with the society in obtaining by law the appointment of a board, selected fairly from the so-called schools of the medical profession, with power to examine and approve all who may hereafter begin to practice medicine in this State; and with power also to graduate and give diplomas to all who, having been properly instructed in medical schools, may have passed the examining college. Beyond this board we see a harmonious profession, relieved by its means of all unsuitable material, its examinations constituting a veritable *pons asinorum* through which the objectionable candidates would necessarily fall. What difference does it make to the examiner on anatomy, or chemistry, or materia medica, or physiology, that there is an Eclectic or a Homœopath to examine any candidate upon the articles and practices of their faith, who may elect to register as an Eclectic or a Homœopath instead of as a general practitioner? One might as well object to serving on a school board, or attending a political caucus, on account of the objectionable element. The people are satisfied if the aspirant for potions and pulses is thorough in the foundation of his professional temple, and naturally presume that he will do the best he can towards curing them. The committee say that the general decline of the learned professions in popular estimation is mainly due to the fact that the average intellectual endowments, and the average accomplishments of professional men, are relatively lower as compared with the popular average in these particulars, than they were fifty, or even twenty-five, years ago. In other words, the popular average of intelligence and cultivation has advanced, while the professional average has remained stationary, if it has not retrograded."

TREATMENT OF AFFECTIONS OF THE JOINTS BY "MASSAGE."

The *New York Medical Record*, January 1, contains an interesting account of the treatment of both acute and chronic affections of the joints by massage—*i.e.*, manipulations with the fingers or hands,—as practised of late in Denmark, and related in various numbers of the *Norsk Magazin*. The attention of the profession in that country was called to the subject by the great reputation attained by a Dutch physician, Dr. Mezger, through his successful treatment by this mode of the Danish Crown Prince. Dr. Mezger employs it both in acute and chronic synovitis of the various articulations. He excepts the hip-joint, partly owing to its deep situation and partly because its inflammation is so often dependent upon a primary osteitis. He divides his frictions into horizontal, which pass from side to side and vertical, passing from below upwards in the direction of the limb. They vary in force according to the effect to be produced, and are extended also over the adjacent unaffected tissues. By the horizontal frictions the skin is moved about over the fasciæ and ligaments, and the superficial vessels are acted upon partly by the direct application of mechanical force and partly

by the indirect influence of the vaso-motor nerves. The local circulation of the blood is increased; and where there is a tendency to venous stagnation, the bluish color is removed, the skin resuming its natural appearance. The vertical frictions promote the circulation in the venous and lymphatic vessels, and by a combination of these methods of manipulation absorption is increased. Massage also aids in breaking up and dispersing about any deposits or effusions of blood that may exist, and thus promotes their absorption. Moderate compression, it is true, does the same, but by acting upon the subcutaneous veins it brings an œdema of the parts below.

In acute and chronic *synovitis serosa*, vertical are more applicable than horizontal frictions, as in addition to the effusion we have to deal with infiltration and hyperæmia of the synovial and peri-synovial tissues, while the vascular network which surrounds the joint is dilated, and the circulation in the blood and lymphatic vessels is correspondingly sluggish. By the use of massage, absorption can be hastened, and the retarded circulation rendered free; that is, the disease can be cured while, in the meantime, a moderate use of the joints may be allowed. According to Mezger, the average time required for the treatment of acute synovitis is two weeks, and for a chronic case six weeks. He recommends both in acute and chronic cases a moderate use of the joint—only limited, indeed, by the pain this produces. Passive movements of the joints are also employed.

In several hundred cases treated by Dr. Mezger in this way during fourteen years, he has never seen any harm result from the moderate use of movements; and he is of opinion that many cases pass into the suppurative stage in consequence of the absolute rest which is enforced by the forms of treatment in common use. Dr. Kiær, writing after close observation of Mezger's mode of treatment, considers that his great merit lies in his having separated massage from the therapeutic gymnastics, of which it formed a part, and, by a thorough investigation of its influence on disease, raised it into a principal means in the treatment of diseases of the joints. He adds that no one who has practically observed it can deny that his system of manipulation constitutes one of the most powerful remedies for combating synovitis, whether acute, chronic, serous, or hyperplastic.

Dr. Winge, at a meeting of the Copenhagen Medical Society, gave an account of Dr. Mezger's method of treatment as observed during a three weeks' visit to Bonn, where that practitioner now resides. He describes it as essentially consisting in kneading, rolling, percussing, and rubbing the parts. When these are hairy they are first shaved, or the manipulations cause irritation. The operator sits on a low stool in front of the patient, and begins with anointing the part with perfumed lard. He rubs strongly whether indurations, infiltrations, or effusions have to be dealt with, and follows from below upwards the course of the lymphatics. When the knee is the part, he works across the joint with the fingers of one hand, on both sides, below the patella, pressing inwards with more or less force; while the fingers of the other hand work in the same manner upwards along both sides of the patella, over the capsular ligament, or any ligament which is felt to be swollen. This process is continued from three to five minutes. He then grasps the joint with his left hand, and, pressing firmly, rubs upwards over the patella as high as the superior insertion of the investing ligaments. This is repeated a number of times, according to the circumstances of the case, the applications being made once or twice a day.

In *synovitis hyperplastica*, both horizontal and vertical frictions are employed, especially over those parts where the peri-synovial tissue is felt to be much thickened. The more acute the inflammatory process, the more gentle must the pressure be, as also is the case when chronic synovitis takes on a subacute form. In this form of synovitis there is hyperplasia of areolar tissue in the synovial membrane and the peri-synovial tissues, together with a more or less plentiful serous exudation. At the same time there is a development, in greater or less abundance, of newly formed vessels, and perhaps also of new formations in the system of canals from which the lymphatics take their origin. The combined use of both varieties of frictions in such cases produces, in the first place, an effect upon the peri-articular tissues, and diminishes the tumefaction. Not unfrequently this alone is sufficient to cause the subsidence of the inflammatory process in the synovial membrane, and the disease is cured. But usually more protracted treatment is necessary, the peri-synovial tissues being gradually restored to their normal state, although occasionally remaining thickened. Or, after the effusion has been absorbed, it is found that the newly formed areolar tissue has become cicatricial, thickening the peri-synovial tissues and the membrane, and by its contraction diminishing the calibre of the newly formed vessels, so that their walls contract and atrophy. The dilated vessels, under the manipulations, become more or less completely emptied, and their walls are thus enabled to contract by their own elasticity. At first, however, they dilate again between the applications of the treatment, but gradually regain their proper tone. By the stronger frictions the thinner vessels are ruptured, and blood is effused into the cellular tissue, when it is absorbed, and then the vessels atrophy. When care is taken to prevent the effusion of blood becoming excessive, no bad results ever follow.

In *synovitis pannosa*, the cartilages of the joint present a vascular development, the vessels chiefly originating from the newly formed vessels in that

portion of the articular tissues which is connective between the synovial membrane and the surfaces of the joint. If we can cause the last-named vessels to atrophy, we may reasonably expect those of the surfaces of the joints which are in connexion with them to do so likewise. It is therefore important in employing massage in these cases to direct attention to the portions of tissue which pass across from one joint-surface to the other. Atrophy of the pannus tissue may also be promoted by active and passive movements of the joint. In the fœtal state a physiological pannus is developed at those points where, during the condition of rest, the joint-surfaces do not come into contact. So, too, a pathological pannus is chiefly developed on those parts of the synovial surface which, in the forced condition of rest, do not come into contact. By motion the pannus surfaces are brought together, and the newly-formed vessels atrophy.

In *chronic rheumatic inflammation* of the joints, accompanied by stiffness and contraction, Dr. Mezger gives a tolerably good prognosis when the soft parts alone are involved. He never uses chloroform in such cases, because he does not employ every forcible manipulations or movements. He often ruptures pseudo-membranous formations, but he carefully avoids exciting inflammatory reaction, which might result in stronger adhesions than before existed. Rheumatic distortions of the fingers, when treated by this method, are sometimes very painful. The wrist is less so. The ankle is apt to be more painful under treatment than the knee, but much less so than the fingers and wrist.—*Med. Times and Gazette.*

PHYSIOLOGICAL RESEARCHES INTO THE DIGESTIVE AND ABSORBING POWERS OF THE LARGE INTESTINE.

Although numerous researches have been directed to the question, what the exact action of the large intestine is on nutritive substances placed in contact with its mucous surface, yet an exact solution of it had not till recently been offered. A remarkable malformation of the intestine, the result of disease, in a patient under their care, has lately allowed Drs. Czerny and Latschenberger, of Freiburg, to make almost analogous experiments on the large intestines to those which Dr. Beaumont formerly made on the stomach in the case of St. Martin, and they have arrived at some extremely valuable and interesting results, which are published in Virchow's *Archiv*, Band lix., Heft 2, s. 161.

The general results arrived at were, almost in the authors' words, as follows :—*Soluble* albumen is absorbed by the human large intestine unchanged as such, the intestine itself having no action on it; and the quantity absorbed is larger the longer it remains in contact with the mucous membrane. Irritation of the latter, as was shown where repeated measurings had reddened and inflamed it, stops absorption either wholly or in part. The absorption of albumen is diminished also by the presence of chloride of sodium, but the latter is itself absorbed in all conditions of the intestine. The albumen of eggs is an unsuitable form for absorption. Fat in emulsion is absorbed in quantities proportional to its concentration. Starch is also absorbed, but it is not as yet certain whether it remains chemically unchanged or is converted into sugar before absorption takes place.

It was also found that the portion of intestine used for experiment absorbed in seven hours about forty to fifty grammes of water. The largest amount of albumen which the same portion absorbed in twenty-four hours was one gramme and a half; and, as the whole large intestine is about four times as long, it follows that in twenty-four hours six grammes of a 4½ per cent. solution of albumen would be absorbed. This is a quantity quite sufficient for the nourishment of a healthy man, who requires, according to Voit and Bauer, 120 grammes per diem. Probably more would be absorbed if the concentration of the solution were increased.

The value of Czerny and Latchenberger's researches lies of course in the light they throw on the use of nutritive injections in various diseases. Judging from the above results, such injections are less valuable than is generally supposed; but we must be aware of generalizing too much from observations on a single individual. Clinical experience has proved that life can be maintained for a considerable time by food given solely by the bowel; and we must recollect that, just as different stomachs have different digestive powers, so the large intestine may vary in its absorptiveness in different individuals. Moreover, as Leube has remarked in his experiments with pancreatic emulsions, the digesting, or rather the absorbing power of this part of the alimentary canal increase gradually with its use.—*Med. Times and Gazette.*

TURPENTINE AN ANTIDOTE FOR PHOSPHORUS.—It appears to be well established that turpentine combines with phosphorus both in the stomach and in the blood, forming an almost inert turpentine-phosphorous acid. One part of phosphorus is more than neutralized by 100 of turpentine. The antidote should be given for several days. Fats, oils, and milk, must be avoided, as they dissolve the phosphorus and increase its activity. A patient recovering from phosphorus poisoning under the use of turpentine, was killed by a dose of castor oil given as a purge.—*Pacific Med. Journal.*

THE EXCESSIVE MORTALITY OF CHILDREN.

[Although this article was written to direct attention to the excessive child mortality in London it is well worthy of perusal as very similar conditions exist now in many quarters of our Canadian cities.] —Ed. Lt.

Mr. John Liddle, in his last quarterly report on the sanitary condition of the Whitechapel district, discusses the causes and remedies of the excessive mortality of children in the metropolis at length, and with characteristic ability.

The causes of the large mortality of children in the metropolis may, he considers, be to some extent accounted for—

1. By the general ignorance of the principles of the laws of health.

2. By improper nursing of children, and leaving them in the charge of young children, who are not sufficiently robust to carry them properly in the streets. Even when in charge of the mother, they are exposed without sufficient covering to protect them from the cold and damp.

3. By the ignorance of mothers, as regards the absolute necessity of their infants breathing pure air, as is too frequently shown by the keeping closed the window and door of the living and sleeping-room.

4. By hereditary disease in many children.

5. By the intemperance of parents, who, from repeated drunkenness, are unable to attend to their children.

6. By the deficiency of food.

7. By the use of improper food.

8. By the neglect of offspring, especially of those who are illegitimate.

9. By the want of artificial warmth.

10. By the overcrowding of rooms.

11. By the administering to children of opium, and other narcotics.

12. By the defective sanitary condition of the localities occupied by the poor.

13. Numerous deaths of children, who are born of drunken parents, are caused by convulsions, and other diseases of the nervous system.

Some of the causes of the large amount of mortality of infants under one, and of children under five, having been stated above, it is a question of great importance to all persons who are ratepayers, and especially to those who are not only ratepayers, but who devote much time and money in the promotion of charitable and philanthropic objects, to inquire how this excessive death-rate can be diminished. It is a question well worthy of consideration, whether it would not be much better to expend money in the prevention of disease and of early death, than in mitigating those sufferings of the poor which are occasioned by sickness and poverty. Large sums of money are constantly being spent in the very questionable benefit of erecting buildings for the houseless poor, in the distribution of articles of food to the necessitous, in the supply of coals, blankets, etc., which might, probably, be better applied to the prevention of the numerous evils incidental to poverty.

For the purpose of ameliorating some of the evils which he thus enumerates, he proceeds to consider what can be done by the Local Sanitary Boards, by private individuals, and by charitable institutions, by Boards of Guardians, and by the Metropolitan Board of Works.

Something may be done by the several Local Sanitary Boards to benefit the health of the poor, so as to enable them to perform, in a better manner, such work as they may be able to procure:—

1. By causing all the narrow courts and streets to be cleansed daily, and the pavements in all the narrow and confined places to be kept in good repair. And here, Mr. Liddle asks, is it reasonable to expect the poor to keep the interior of their houses clean, when the narrow places in the vicinity are in a filthy state? It is, in his opinion, of far more importance to the health of the district to keep the localities where the poor reside in a cleanly state, than the wide thoroughfares. The stench arising, while some of these localities are being swept, in damp weather, is sometimes most abominable and sickening, for the majority of the poor inhabitants throw all their slops and filth into the public ways; and, when these are stirred up by the scavenger, the nuisance may be readily conceived.

2. By causing a constant and strict supervision to be given by the sanitary officers to the condition of the interior of the houses of the poor, so that overcrowding may be prevented, and the ventilation of the rooms, where defective, improved.

3. By the prompt removal of all nuisances likely to injure the health of the people.

4. By insisting that all the places occupied by the poor shall be supplied with water on the constant service, so as to do away with the butts and cisterns now in use therein.

The existing evils which are in operation, in producing the low moral and physical condition of the people, may be, to some extent, alleviated by private individuals, or by charitable associations:—

1. By purchasing some of the worst property in the most crowded districts, and so improving the sanitary arrangements in the houses as will enable the occupiers to live in decency, and engender feelings of self-respect. This suggestion can only be carried out by the new owners making frequent visits to each tenement, and kindly giving to each family a few words of advice on those subjects which relate to health; and if the accomodation in such houses be better than, and as cheap as, that in the contiguous houses, the tenants will readily

put in practice the lessons they receive, for they will be informed that, unless cleanliness is observed, the parties must remove.

2. By using efforts to get the children of school age instructed in some of the elementary schools, and, if possible, to remove them from the contaminating influences of their homes.

3. By giving instruction to the parents in the proper management of children.

4. By discouraging the too prevalent custom of investing money in burial-clubs; and, instead thereof, endeavouring to induce the heads of poor families to become members of provident dispensaries, where, in time of sickness, medical attendance will be afforded. The extension of these institutions will be the means of inducing feelings of self-respect among the poor, by enabling them to procure, from their own resources, the needed assistance, instead of causing them to apply to the work-house authorities; for we find that the first step in the downward path to pauperism is, when sickness occurs in a member of a family, that application is made at the workhouse for an order for the union medical officer; then, they having once found their way to the workhouse, and thereby become paupers, the downward course is continued. This example is followed, and thus the whole locality soon becomes pauperised.

5. By endeavouring to induce the poor, in times of prosperity, to invest small amounts in penny savings' banks.

6. As regards drunkenness, and the two-fold evils mentioned as consequent thereon, the only plan that can be suggested for diminishing this evil is to instruct the people by intercourse and example, and to remove the children to schools.—*British Medieal Journal.*

Anatomical Examinations.—The following were the questions in Anatomy and Physiology submitted to the 192 candidates at the primary examination for the diploma of Membership of the Royal College of Surgeons of England, on the 4th of April :—1. Describe the venous sinuses within the cranium, and the course and relations of the great vessel which receives their blood on the right side from its commencement to its termination. 2. Mention the parts in contact with the levator ani muscle. 3. Give the origin, course, distribution, and relations of the interosseous nerves. 4. From what sources does the portal vein vein receive its blood? Describe its distribution, and trace the course of the blood onwards into the general circulation. 5. Describe the form and relations of the popliteus muscle; and mention, in the order in which they appear, the parts which must be removed to expose it. 6. Explain the effect of complete division of the spinal cord immediately above the origin of the phrenic nerve.

CHLORAL HYDRATE SUCCESSFULLY USED IN TETANUS.

Dr. Coryllos, of Patras, Greece, published a case of this kind in the *Allgem. Weiner Med. Zeit.*, No. 2, 1873, and now the same author records two similar cases, one under his own care, and the other treated by Dr. Basilin. The latter case relates to a woman of forty, who had wounded her finger with a splinter, which she removed herself. Tetanus occurred one month after the accident, and she had more than ten general attacks in twenty-four hours. Sixteen days after the first tetanic symptoms the patient removed from the wound a bit of splinter, the size of a pea, which had been left in unobserved. The usual narcotics having failed, chloral was tried and succeeded. Altogether three ounces and a half were taken in twenty days.

In Dr. Coryllos' case a man of forty had his left temple wounded by a pointed piece of reed. Tetanus supervened, and here, again, a portion of the foreign body was removed twelve days after the accident. He had at first fifteen-grain doses of chloral, and improved much upon them. But the tetanus recurred with renewed severity, and the chloral was pushed as far as 120 grains per diem. The patient completely recovered, and had taken, in about thirty days, six ounces of chloral.—*The Lancet.*

Anæsthesia in Labor—Dr. Leishman, in his late work on obstetrics, says: The question of anæsthesia seems to us to stand thus: In eclampsia, in some cases of mania, and in all cases of operative midwifery, it is, without exaggeration, invaluable. In ordinary cases it is always to be used with caution, but if employed in small quantities on a handkerchief on the approach of each pain, towards the termination of the second stage, it can never do harm. It thus allays pain and assuages nervous irritability; and in the hands of the skillfull practitioner, it is a power for good and never for evil.

The Coldness of Death.—A Parisian practitioner has just got a prize from the Academy of Medicine for the discovery of a method to distinguish real from apparent death. In his weekly bulletin in *La France*, Dr. Decaisne tells us what this discovery is. When the temperature of the body falls to 20 degrees above zero in the centigrade scale, (68 degrees Fahrenheit) death is certain. Dr. Rochut has devised a thermometer, which he calls a necrometer, so graduated, that when placed under the armpit of a person supposed to be dead it marks zero; then life has indeed departed beyond all possibility of mistake.

REGULATIONS OF THE GENERAL COUNCIL OF MEDICAL EDUCATION AND REGISTRATION OF GREAT BRITAIN.

Preliminary Examination.—Testimonials of proficiency granted by the following educational bodies will be accepted :—

[Then follows a list of Institutions whose preliminary examination is recognized in Great Britain and the Colonies.]—Ed.

That the licensing bodies do not accept the certificate of proficiency in General (preliminary) education, unless such certificate testify that the student to whom it has been granted has been examined in English Language (including Grammar and Composition) ; Arithmetic (including Vulgar and Decimal Fractions) ; Algebra (including Simple Equations) ; Geometry (first two books of Euclid) ; Latin (including Translation and Grammar). And in one of the following optional subjects : Greek ; French ; German ; Natural Philosophy (including Mechanics, Hydrostatics, and Pneumatics).

Professional Education.—That the course of professional study required for a licence shall comprehend attendance during not less than four winter sessions, or three winter and two summer sessions, at a recognized school.

That the following are the subjects without a knowledge of which no candidate shall be allowed to obtain a qualification entitling him to be registered :—Anatomy, General Anatomy, Physiology, Chemistry (which should include a knowledge of the principles and of those details of the science which bear on the study of Medicine), Materia Medica, Practical Pharmacy, Medicine and Surgery (which should include a knowledge of systematic and clinical medicine and surgery, and also of morbid anatony), Midwifery, and Forensic Medicine.

Professional Examination.—That the professional Examination for a license be divided into two parts : the first embracing the primary or fundamental branches directly connected with the practice of medicine and surgery. That the former be not undergone till after the close of the winter session of the second year of professional study ; and the latter or final examination not until after the close of the prescribed period of professional study. That the examination in Physics, Botany and Natural History may be undergone at an earlier period than the first Professional Examination.

ROYAL COLLEGE OF PHYSICIANS, LONDON.

Licentiates.—Every candidate for the College licence (except when otherwise provided by the by-laws) is required to produce satisfactory evidence to the following effect :—1. Of having attained the age of twenty-one years. 2. Of moral character. 3. Of having passed, before the commencement of professional study, an examination in the subjects of general education recognized by the College. 4. Of having been registered as a medical student in the manner prescribed by the General medical Council. 5. Of having been engaged in professional studies during four years, of which at least three winter sessions and two summer sessions shall have been passed at a recognized medical school or schools ; and one winter session and two summer sessions in one or other of the following ways :—Attending the practice of a hospital or other institution recognized by the College for that purpose. Receiving instruction as the pupil of a legally qualified practitioner holding any public appointment which affords opportunities, satisfactory to the examiners, of imparting a practical knowledge of Medicine, Surgery, or Midwifery Attending lectures on any of the required subjects of professional study at a recognized place of instruction. Professional studies commenced *before* the candidate shall have passed an examination in the subjects of general education will not be recognized by the College. 6. Of having attended, during three winter sessions and two summer sessions, the medical and surgical practice at a recognized hospital or hospitals; of having discharged the duties of clinical clerk at a recognized hospital for a period of not less than three months ; of having performed the duties of dresser at a recognized hospital for a period of not less than three months ; and of having been engaged during six months in the clinical study of Diseases peculiar to Women. 7. Of having studied the subjects particularised in Section 9 of the regulations given above relating to members. 8. Of having passed the Professional Examinations.

Examinations for the Licence.—Every candidate for the College licence, before he is admitted to examination, is required to sign a declaration stating whether he has or has not been rejected within three months by any of the examining boards.

The First and Second Examinations, and the Second or Pass Examination, embrace the same subjects, and are conducted similarly to the First and Second Examinations for the Membership, viz. : The First Examination, on Anatomy and Physiology, will be conducted by written questions, and also *vivâ voce*, on Dissections and Preparations. The Second Examination will comprise Surgical Anatomy, Principles and Practice of Surgery, Materia Medica, Chemistry in its application to Pathology, Pharmacy, and Toxicology, Midwifery and Diseases peculiar to Women. This examination will be conducted partly by written questions, and partly in a practical manner. The Third or Pass Examination will include Medical Anatomy, Principles and Practice of Medicine (including the Principles of Public Health), and Psychological Medicine. The exemptions also from re-examina-

tion differ only in the following respects :—Any candidate who shall have obtained a degree in Medicine at a university recognized by the College, after a course of study, and an examination satisfactory to the College, shall be exempt from re-examination on the subjects of the Primary Examination. Any "registered medical practitioner" whose qualification or qualifications shall have been obtained before the 1st day of January, 1861, having been with the consent of the College admitted a candidate for the license, will be examined on the Principles and Practice of Medicine, Surgery, and Midwifery; but he will be exempted from such other parts of the professional examinations as his qualifications may seem to the examiners to render unnecessary.

The fee for the College license is fifteen guineas, of which five guineas are to be paid on admission to the First Examination, which fee will not be returned to any candidate rejected at this examination, but will be allowed in the fee for the license, and he will be admitted to one subsequent First Examination without additional payment.

Any candidate who shall be rejected at the Second or Pass Examination will have the fee paid on admission to this examination returned to him, less three guineas.

Examinations of candidates for the College license will take place in February, April, July, October, and December.

ROYAL COLLEGE OF SURGEONS, ENGLAND.

Regulations for Membership.

Preliminary General Education and Examination. —Candidates who commenced their professional education on or after 1st January, 1861, will be required to produce one or other of the certificates of proficiency granted by the educational bodies specified in the recommendations of the General Medical Council (see *ante*). Candidates who shall not be able to produce one or other of those certificates will be required to pass an examination in English, Classics, and Mathematics, conducted by the Board of Examiners of the Royal College of Preceptors, under the direction and supervision of this College. [The subjects of *this* examination are the same as those required by the Medical Council of Great Britain and that of Ontario, and remain unchanged from year to year; and are nearly the same in all the British licensing bodies.]—Ed.

Each candidate is required to pay a fee of £2 on the morning of the first day of the examination prior to his admission thereto. The next examination will be held on or about the third Tuesday or Wednesday in December. The exact dates of the examinations will be duly advertised, when fixed, in the medical journals; and candidates are required to send in the prescribed forms of application not less than three weeks before the examination.

Professional Education. — Professional studies prior to the date at which the candidate shall have passed an examination in general knowledge, in conformity with the preceding regulation, are not recognized.

The following will be considered as the commencement of professional education: — Attendance on the practice of a hospital or other public institution recognized by this College for that purpose. Instruction as the pupil of a legally qualified surgeon, holding the appointment of surgeon to a hospital, general dispensary, or union workhouse, or where such opportunities of practical instruction are afforded as shall be satisfactory to the Council. Attendance on lectures on Anatomy, Physiology, or Chemistry, by lecturers recognized by this College.

The commencement of professional study otherwise than by attendance on lectures in recognized medical schools, or by attendance on the practice of recognized hospitals, will not be admitted until a certificate thereof shall be furnished to the secretary for registration at the College by the practitioner whose pupil the candidate shall have become, or by the medical superintendent of the hospital or other institution to the practice of which he shall have entered, and will consequently date only from the reception of such certificate by the secretary; the certificate to be accompanied by proof of having passed the necessary preliminary examination in general knowledge.

Candidates will be required to produce the following other certificates :—1. Of being twenty-one years of age. 2. Of having been engaged, subsequently to the date of passing the Preliminary Examination, during four years, or during a period extending over not less than four winter and four summer sessions, in the acquirement of professional knowledge. 3. Of having attended lectures on Anatomy during two winter sessions. 4. Of having performed Dissections during not less than two winter sessions. 5. Of having attended lectures on General Anatomy and Physiology during one winter session. 6. Of having attended a practical course of General Anatomy and Physiology during another winter or a summer session, consisting of not less than thirty meetings of the class. 7. Of having attended lectures on Surgery during one winter session. 8. Of having attended a course of Practical Surgery during a period occupying not less than six months prior or subsequent to the course required by the preceding clause 7. 9. Of having attended one course of lectures on each of the following subjects, viz., Chemistry, Materia Medica, Medicine, Forensic Medicine, Midwifery (with practical instruction, and a certificate of having personally conducted not less than ten labors),

Pathological Anatomy during not less than three months. 10. Of having studied Practical Pharmacy during three months. 11. Of having attended three months' course of Practical Chemistry (with manipulations), in its application to medical study. 12. Of instruction and proficiency in the practice of Vaccination. 13. Of having attended at a recognized hospital or hospitals, the Practice of Surgery during three winter and two summer sessions. 14. Of having been individually engaged, at least twice in each week, in the observation and examination of patients at a recognized hospital or hospitals, under the direction of a recognized teacher, during not less than three months. 15. Of having, subsequently to the first winter session of attendance on Surgical Hospital Practice, attended, at a recognized hospital or hospitals, Clinical Lectures on Surgery, during two winter and two summer sessions. 16. Of having been a Dresser at a recognized hospital, or of having, subsequently to the completion of one year's professional education, taken charge of patients under the superintendence of a surgeon during not less than six months, at a hospital, general dispensary, or parochial or union infirmary recognized for this purpose, or in such other similar manner as, in the opinion of the Council, shall afford sufficient opportunity for the acquirement of Practical Surgery. 17. Of having attended during the whole period of attendance on Surgical Hospital Practice (see Clause 13) demonstrations in the post-mortem room of a recognized hospital. 18. Of having attended, at a recognized hospital or hospitals, the Practice of Medicine, and Clinical Lectures on Medicine, during one winter and one summer session.

Blank forms of the required certificate may be obtained on application to the Secretary, and all necessary certificates will be retained at the College.

Certificates will not be received on more than one branch of science from one and the same lecturer; but Anatomy and Dissections will be considered as one branch of science.

Members or licentiates of any legally-constituted College of Surgeons in the United Kingdom, and graduates in Surgery of any *university recognized for this purpose by this College*, will be admitted to examination on producing their diploma, licence, or degree, together with proof of being twenty-one years of age, a certificate of instruction and proficiency in the practice of Vaccination, and satisfactory evidence of having been occupied, subsequently to the date of passing the Preliminary Examination, at least four years in the acquirement of professional knowledge.

ROYAL COLLEGE OF PHYSICIANS, EDINBURGH.

The License.—No one can obtain the license of the College until he has completed the age of twenty-one years.

Every applicant for the licence must produce evidence:—1. That he has been engaged in the study of Medicine during a period of at least four years subsequent to his registration as a medical student, and that he has attended the following courses at a university, or at some medical school recognized by the College: Anatomy, one course, six months; Practical Anatomy, six months; Chemistry, one course, six months; Practical Chemistry, three months; Materia Medica and Pharmacy, one course, three months; Physiology or Institutes of Medicine, one course, three months; Practice of Medicine, one course, six months; Clinical Medicine, six months; Principles and Practice of Surgery, one course, six months; Clinical Surgery, three months; Midwifery, one course, three months; Medical Jurisprudence, one course, three months; Pathological Anatomy, one course, three months, or General Pathology, one course, three months; Practical Pharmacy, three months. 2. That he has attended the practice of a public hospital (containing not fewer than eighty beds) during a period of not less than twenty-four months, twelve of which must have been spent in attendance on the medical wards. 3. That he has attended at least six cases of labour under the superintendence of a qualified medical practitioner, and must produce a certificate to that effect. 4. That he has attended for six months the practice of a public dispensary, or has acted for six months as clinical clerk or dresser in a hospital, or has been engaged for six months as visiting assistant to a registered practitioner.

Every applicant for the license must produce a a certificate that he has studied Vaccination under a recognized teacher.

The Preliminary Examination in General Education prescribed by the General Medical Council must have been passed by each applicant, and his name inscribed in the Register of Medical Students, previous to the commencement of his medical studies. Masters and Bachelors of Arts of any British or foreign university, whose course of study may from time to time be approved of by the College, will be exempted from the Preliminary Examination; also those who have passed the examination of the national educational bodies, or of any of the recognized licensing boards.

The Professional Examination will be divided into two parts, according to the following arrangement of subjects:—1. Anatomy, Physiology, Chemistry. 2. Materia Medica and Pharmacy, Pathology and Pathological Anatomy, Practice of Medicine, Midwifery, Medical Jurisprudence, Clinical Medicine. No candidate will be admitted to the first examination until the end of his second winter session, or to the second until he has completed four years of professional study. The examination will be partly oral, partly in writing.

Candidates for the license of the College who

have passed the First Professional Examination before a qualifying body (provided it be as extensive as that required by this College), will be at once admitted to the second part of the examination.

Meetings for the examination of candidates who already possess a qualification from a recognized licensing body will be held on the first Wednesday of every month (with the exception of September and October), and, if necessary, on the following days. Candidates are required to communicate with the secretary to the College not less than eight days before the date of the examination at which they propose to appear.

No candidate is admissable to examination who has been rejected by any licensing board within three months previous to his examination.

ROYAL COLLEGE OF SURGEONS, EDINBURGH.

Every candidate for a surgical diploma must have followed his course of study in a university, or in an established school of medicine, or in a provincial school specially recognized by the College of Surgeons of that division of the United Kingdom in which it is situate.

Preliminary Examination.—All students who intend becoming candidates for the diploma of the College, must have passed the complete examination in general education as prescribed by the General Medical Council (see *ante*), and have had their names inscribed in the Register of Medical Students at the commencement of their professional studies. Testimonials of proficiency granted by educational bodies recognized by the Medical Council, exempt students from the Preliminary Examination.

Professional Education.—Candidates commencing professional study after October 1st, 1866, must have been engaged, during four years after the examination in general education, in professional study, which shall include not less than four winter sessions', or three winter and two summer sessions' attendance at a recognized medical school.

The branches of study and the number of courses in each are very much the same as in the other British Colleges.

And by arrangements made between the Royal College of Physicians of Edinburgh and the Royal College of Surgeons of the same place, any one desiring to do so, can pass the double examination at once, and get a Diploma of Membership of both Colleges, signed by their respective examiners.

TREATMENT OF DIPTHERIA BY CAUTERIZATION.—At a recent meeting of the Medical Society of Nantes, Dr. Thibault related the particulars of an epidemic of diphtheritic angina, in which the employment of cauterizations, with a solution of nitrate of silver, were eminently successful. Dr. Thibault had made use of a solution containi five parts of water to one of nitrate of silver, wh he applied to the diseased parts by means of sponge, after having previously removed the f membranes. These cauterizations, performed w great care and energy, were renewed daily, every other day, until the membranes becam favorably altered, changing from the thick gray membrane to a soft milk-white one. About th successive cauterizations were employed in e case. Alum was blown on the parts, or used a gargle, during the intervals. Thus, out of 1 cases of diphtheria observed during the epidem there were only 38 deaths, 22 of which were d the existence of croup. Eight cases of cr recovered; and out of 158 cases of diphther angina there were only seven deaths, notwi standing the extreme gravity of the epidemic, illustrated by the frequency of consecutive paraly It is needless to insist on the importance of t above figures. They show the valuable results cauterization, which was so warmly advocated b Trousseau and Bretonneau, and which, since, h been much less employed. The use of the cauterizations is indicated, says Dr. Thibaul whenever the false membranes can be easil reached and consequently, can be destroyed modified. They can be easily reached in th pharynx, and their extension downward prevente It is the difficulty or impossibility of reaching the when they have involved the larynx and treache which explains the failure of cauterization in crou *London Lancet. Med. Examiner, Chicago.*

Medical Items and News.

NASAL POLYPI.—At the last clinical meeting the Medical Society of London, two very larg polypi were exhibited by Mr. Mason. They ha hung down behind the velum, and he had take them with a pair of forceps, and by a slight tu pulled them out. The pedicle was a mere thread Mr. Mason thought the removal of such growth much less dangerous than is usually believed. Dr Prosser James concurred in this opinion and dis tinguished between these growths and others whic had extensive and firm attachments. He dwelt o the importance of rhinoscopy, which, he said served to detect polypi when they were quit small, and therefore to subject them to treatment He further insisted on the importance of treatmen by local applications, made by the aid of th rhinoscope, by which he had applied both fluid and solids. Such treatment after an operatio would also prevent recurrence, and he expresse some surprise that Mr. Mason had not employe this simple preventive measure.—*The Medica Press and Circular. Med. Examiner.*

THE PRODORMAL STAGE OF CHOREA.—This riod, Schmitt (*Memorab*, XVIII., pt. 3, 1873) ys. most often escapes the notice of the physician, ho in the majority of cases is not consulted until e disease has clearly shown itself. The period characterized by disturbances, which are confir- atory of the opinion held by Dr. Betz, that iorea is an affection of the central nervous stem, particularly of the spinal cord and its embranes. These disturbances are chiefly those sulting from spinal irritation. There is pain on essure upon the spinous processes, especially in e lumbar and dorsal regions. The patient com- ains of rheumatic pains in the shoulder and ck; pains in the head are less often mentioned; hing about the anus and nose, which often leads the suspicion that the patient is suffering from readworms. There are also symptoms of irrita- on of the cardiac nerves; general lassitude, un- eady walk; at times there are flashes of light be- re the eyes; the patient is unable to read or to the eyes for any length of time upon one ject. The nights are sleepless, disturbed by inful dreams; during the day the patient is sub- ct, without any cause, to severe fits of terror. In ne case this stage lasted sixteen days. These mptoms are certainly those of anæmia, depending on tuberculosis, scrofula, deficient nutrition, or ne coming on of menstruation. Dr. Schmitt irects his attention to the treatment of the næmia by ferruginous preparations and tonics, and as the back rubbed with an ointment containing pium and oxide of zinc.—*Obstet. Jour. of Great Britain and Ireland. Med. Examiner, Chicago.*

GALVANISATION OF THE SYMPATHETIC IN TYPHOID EVER.—Glax (*Pester Med. Clin. Presse*, and *Med- in.-Chir. Rundschau*, March 1874) states that, in hirty cases of abdominal typhus under his care, henever the temperature in the axilla reached 02.2 Fahr., he placed the positive pole of a con- ant battery of twenty elements on the third cer- ical vertebra, and the negative pole "on the upper rvical ganglion of the sympathetic nerve," and ound "in nearly all cases a remarkable fall of tem- erature in the course of some hours." Glax elieves that in this way the temperature may be educed.

CAUTION TO DRUGGISTS.—A mixture of chromic id and glycerin is a formula which has recently een highly recommended in certain affection of he mouth, scrofula, etc. Dr. Mascarel takes occa- on to warn druggists that when these two sub- ances are vigorously rubbed up together the result a lively *explosion*, an accident which can be verted by adding the glycerin drop by drop, and inding slowly.—*Il Raccoglitore Medico*, No. xxxi. 873.—*Boston Medical and Surgical Journal.*

HOSPITAL APPOINTMENTS.—As an evidence of reform in hospital appointments, we are pleased to notice that the members of the House Staff of the Reception Hospitals, instead of being appointed by the Commissioners of Charities and Corrections are now compelled to submit to an examination by a Medical Board before such appointments can be secured. This system has been inaugurated by Prof. F. H. Hamilton, the Surgeon-in-chief of the said Hospitals, and has been attended with the best of results. For a number of years the positions on the House Staff of Bellevue, of Charity, and other large Hospitals have been secured by such means only, and the young men who occupy these positions reflect credit upon the profession at large. There is no question that the plan is the best that can be adopted, and that it should extend to every hospital and dispensary throughout the land, to the police surgeons, to all positions of medical trust, and even to the visiting surgeons and physicians of all our public charities.—*Med. Record, N. Y.*

REMOVAL OF FIVE INCHES OF SCIATIC NERVE ROOSEVELT HOSPITAL.—This patient was a female, and had been admitted to the hospital on account of a tumor which was situated in the posterior portion of the left thigh, which was then giving her considerable inconvenience, although it had been first noticed more than a year. It was decided to remove the tumor. When cut down upon, it was found to be intimately connected with the sciatic nerve, and to such an extent as to preclude all possibility of its removal without completely removing a large portion of the nerve. A halt was made, and a counsel held with regard to the proper method of procedure. It was decided to remove as much of the nerve as might be necessary to permit the removal of the tumor, and await the result. Accordingly, about five inches of the nerve were removed, the wound dressed, the patient placed in bed, and the result of the operation anxiously awaited. The patient was discharged from the hospital within three weeks, with but slight impairment of motion and sensation.—*Med. Record.*

AMPUTATION BY THE GALVANIC CAUTERY.—Within the last two years, Dr. Paul Aruns has performed twelve amputations of the limbs by the galvanic cautery; viz., eight amputations of the thigh, two of the leg, one of the forearm, and one of the finger. The use of the galvano-caustic knife did not prevent hœmorrhage during the operation, while the galvanic wire, when carefully applied, did so. To prevent hœmorrhage, the principal artery of the limb should be compressed, and the back flow of venous blood restrained by a circular ligature. Esmarch's method might be applied with advantage. The galvanic wire is most applicable in amputation by the circular method. The skin, having been cut

through, is drawn back; the wire is then applied higher up, and the muscles and periosteum are divided; after which, the bone is sawn through. In the forearm and leg, the wire is passed by the aid of a needle through the interosseous space, and the muscles are divided in two portions. Towards the end of the operation, the current must be somewhat weakened, as the wire is apt to become red hot and cut through the tissues too rapidly. The large arteries must be tied after the operation. The eschar is very thin, but it affords security against secondary hæmorrhage. The shock, pain, and traumatic fever, were very slight in all the cases. The progress presented nothing remarkable; the danger of pyæmia did not appear to be less than after operation by other methods; and the healing process was slow. Bruns considers that the merit of the operation lies in the greater security against hæmorrhage and the small amount of constitutional disturbance.—*Archiv fur Klinische Chir.*, vol. xvi.; and *Wiener Med. Wochenschrift*, No. 13, 1874.—*Brit. Med. Journal.*

Local Treatment of Cavities in the Lungs.—In the *Berliner Klinische Wochenschrift*, No. 43 for 1873, Dr. F. Mosler stated that in two cases of advanced phthisis, with cavities lying near the surface of the lungs, he injected a dilute solution of permanganate of potash into the cavities. No reaction followed, and the general condition of the patients appeared to be at once improved. In another case, that of a man aged 49, who had for five years had bronchial dilatation in the upper lobe of the right lung, and who also suffered from amyloid degeneration of the kidney and intestine, he established a fistulous opening in the second intercostal space, and introduced a silver drainage-tube. The operation was not followed by any febrile reaction. There was an abundant purulent discharge through the tube, especially on coughing; and the patient's general health was improved. Some hæmoptysis appeared, which was restrained by the inhalation of a dilute solution of perchloride of iron through the canula. After this, atomised carbolic acid and tincture of iodine were inhaled in the same way. The pus became more healthy and less abundant, and the pulmonary disease appeared to make no advance; but the patient gradually sank, and died four months after the operation. The inhalation of carbolic acid was continued twice daily to the last. The right pleura was adherent throughout, and at the upper lobe formed a thick almost cartilaginous membrane. The fistulous opening led into a cavity occupying nearly the whole upper lobe, filled with a yellowish creamy fluid; it was lined with a smooth membrane, presenting granulations at some points. The spleen, kidneys, and intestines were in a state of amyloid degeneration.—A similar mode of treating pulmonary cavities has been practised, independently of any knowledge of Dr. Mosler's contribution, by Dr. W. Pepper, Professor of Clinical Medicine in the University of Pennsylvania. In the *Philadelphia Medical Times* for March 14th he describes three cases of phthisis with vomicæ which he treated by injecting a few minims of a dilute Lugol's solution of iodine (four minims to an ounce of water). The operation was sometimes followed by transient cough and hæmoptysis. In the first case, that of a man aged 29, marked improvement in the patient's condition followed; the breathing was greatly relieved, the cough diminished, and there was some increase in flesh. In the other two cases, the result is not stated. Dr. Pepper says that the only point which is actually demonstrated by his cases is the possibility of puncturing and injecting pulmonary cavities without producing mischief: the practical value of this mode of treatment is as yet uncertain. It appears to him that, considering the almost hopeless nature of some of the cases of lung-disease, the proof that a puncture may be made into the lung-tissue, and remedial agents brought into direct contact with the seat of disease, without any serious danger, calls for a patient trial of it.—*Brit. Med. Journal.*

A Rapid Cure for Tape-Worm.—A. J. Schafish, of Washington, says, *inter alia*: I made no preliminary provisions further than to forbid the patient from taking any breakfast the day I intended removing the worm, and giving him a large dose of Rochelle salts the preceding night. At ten o'clock in the morning he had the following at one dose:

℞ Bark of pomegranate root, ½ ounce;
Pumpkin-seed, ½ drachm;
Ethereal extract of male fern, 1 drachm;
Powdered ergot, ½ drachm;
Powdered gum arabic, 2 drachms;
Croton oil, 2 drops.

The pomegranate-bark and pumpkin-seed were thoroughly bruised, and, with the ergot, boiled in eight ounces of water for fifteen minutes, then strained through a coarse cloth. The croton oil was first well rubbed up with the acacia and extract of male fern, and then formed into an emulsion with the decoction. In each case the worm was expelled alive and entire within two hours. No unpleasant effects followed.

One curious fact that I have noticed is that in each case the worm was passed with the head firmly fastened to the side of its body at about the widest part, from which it was with difficulty removed; also that the worm was twisted and doubled into various knots. In one specimen, only fourteen feet long, I have counted and untied no less than forty-seven of such knots. I have no doubt that, to escape the effects of the medicine, in his distress he fastens himself to his own body, in this way loosing his hold of the intestines, and is driven forward with the other contents of the bowels.—(*The Druggist's Circular.—Phila. Med. Times*).

Toronto Hospital Reports.

ECULIAR CASE OF NERVOUS DISEASE UNDER THE CARE OF J. E. GRAHAM, M. D.

ported by Mr. John S. King, Student, May 11th, 1874.

Courtenay Winship, age 31 years, occupation a erk, a native of Spanish-town, Jamaica, West ndies, was admitted into the Toronto General ospital on the 26th of January, '74. He is married, intelligent and of exceedingly nervous mperament. At the date of his admission, he mplained of acute articular rheumatism of all e joints of the inferior extremities, while it was so present in the wrist and hand of the right per. He also manifested nervous trouble choreic its nature. The history of the case is as llows :—

His father was of English birth, but long a resi- nt of the West Indies. His mother and her rents were natives of the same place. The aternal family history indicates hereditary nervous lments. The mother, who is fifty-eight years of e, still resides in Spanish-town, and suffers from tense nervous headache, with which she has been ore or less troubled during her adult life. She so suffers at intervals with spinal affection.

From early childhood, the patient exhibited rvous excitability. His mind is unimpaired and emory good. He can remember an instance that curred when he was only five years of age, at hich time he received a severe fright from the anner in which a sister awakened him out of ep. Frequently during childhood he would waken from sleep, startling the family by his reams, and manifestations of fear. Until he was out eleven years of age, he was peculiarly sensi- ve to sudden sounds, easily frightened, even by e sudden and unexpected appearance of persons. e became less nervous from the eleventh to the enty-second year, and was generally of robust alth, and regular in his habits of life. He never dulged to excess in the use of liquors, and rarely ank any other liquor than beer. He never had y syphilitic disease, nor indulged in sexual excess. hen ten years old he had scarlet fever, and had easles at fourteen. When nineteen years of age was thrown from a horse, and fell with his back on a stone, receiving an injury in the lower dor- l region, which caused pains of a sharp lacerating character to shoot along the spine in both directions, from the location of the injury. For two or three days at that time he lost the use of both arms. He never after possessed the same strength in the arms as before, and was unable to lift or throw heavy weights. At the age of twenty-two he had the first attack of rheumatism, which was accompanied by erysipelas in the right side of the face, which latter was limited to the region of the orbit and cheek, and soon succumbed to treatment. The rheumatism was confined exclusively to the right arm, and disappeared after three weeks under medical treatment, though it appeared to linger in the system, and manifested itself after choreic attacks, frequently, for some three years, when it disappeared until a few months ago. Nearly two years after this attack, or at the age of about twenty-four, he was first affected by a nervous ailment described by his then medical attendant as chorea. He describes that attack as being less severe than those experienced here, but more extensive, implicating every portion of his frame. About a fortnight before, he was exceeding restless and depressed in spirits, and felt unable to concentrate his mind upon business, or even to sit still. At intervals during that time a peculiar rush of heat would be experienced over the body, beginning at the lower dorsal region, passing upwards to the head and downwards to the extremities, followed almost immediately by a similar rush of cold or chills. These sensations would continue for five or ten minutes at a time, and recur at intervals of a few hours or a few days. The attack came on in June, 1867, while he was at the tea table. He lay down, and almost immediately after assuming a horizontal position his whole body began to be convulsed with spasmodic jerks, the arms and hands being directed more or less towards the median line in front. The head jerking backwards and forwards, the legs jerking up and down. The severity of the spasms was greater on the right side than the left. The muscles of the forehead contracted towards the median line from both sides; the face became flushed; the sight diminished; objects in the room appeared to move from side to side, as if keeping rythm, or in unison with the movements of the muscles; breathing through the nostrils was slightly limited; there was slight deafness; in the throat there was a choking sensation as if a ball was coming up the larynx or œso

phagus, amounting at times to almost strangulation; the speech was not perceptibly affected, though he frequently caught his tongue between his teeth in closing his mouth, either through slowness in withdrawing it when out, or by its advancing further than intended; a sensation of tightness or compression was experienced about the chest; respiration was quickened and interrupted; cough always preceded and continued during a spasm; the pulse increased and was irregular; the digestive functions were also interfered with. During the spasm the patient was wholly unable to swallow solid food, and fluids would only trinkle down. There was total loss of appetite, and parching of the throat and lips, with considerable thirst. The bowels were costive, and the greater the severity of the spasm the greater the costiveness, and no desire to evacuate. There was also more or less paralysis of the bladder, and though there was inability to urinate, the desire to do so existed. During the spasm he had temporary control over the voluntary muscles, limited to a few seconds, and could put his hand to his mouth or pick up any substance, but could not hold a glass of water. This interruption appeared to increase the subsequent intensity of the spasm.

Dr. Land, who was called in, pronounced it chorea, and soon checked it by the administration of opiates, including an injection. For weeks after this, all that was discernable was a twitching of the muscles of the forehead and face.

About the latter part of August of the same year he had a second attack more violent than the first, though not as extensive, and more limited in the lower extremities. This attack lasted three months with brief intervals, almost daily manifesting itself, though very rarely in the night time, unless the patient chanced to be aroused, when it would come on, and he could not again obtain sleep until it subsided. In addition to the opiates, Dr. Land administered this time Zinc pills, Iron, and Arsenic lozenges.

The third attack began in January, 1868, the following year. This time Dr. Phillips was consulted, and after trying Bromide of Potassium, Calabar Bean, Hypodermic injections, and one or two other remedies with only partial success, recommended him to adopt manual labor, and consequently in the course of 1869 he came to Ontario, working in the counties of Oxford and Brant at farming, until his admittance to the Toronto General Hospital.

In the commencement of 1870 he appeared to be absolutely free from the trouble, and continued so till September, 1872, when it again manifested itself, though not sufficiently to prevent his working, until the winter when it affected his arms.

During the hay-making of 1873 he had a violent attack in both arms, and was then treated by Dr. Kitchen, of St. George, who by opiates and especially hydrate of chloral, checked it. After that the patient habitually used the chloral in fifteen grain doses every time he felt an attack coming on.

As previously stated the patient suffered at various intervals from rheumatism, of which he complained and for which he chiefly sought admission into the hospital here. As this subsided somewhat, the spasm again developed itself, this time being confined to the right arm from the shoulder to the hand; the right side of the chest and abdomen; with a trembling in the right knee, and slight twitchings in the right side of the face, right frontal region, at the outer and inner angle of the orbit; while the opening of the eye was visibly diminished in size. The twitching also affected the right angle of the mouth, and a hysterical choking sensation was manifested in the throat. There was partial deafness in the right ear; breathing through the right nostril was limited, the left being natural. The right side of the chest and abdomen was subjected to violent jerking of the entire muscles from the sternum to the spine, backwards and forwards, accompanied with considerable pain on the whole of their inner surface. The jerking was regular, and so was the pain which partook of the nature of soreness. The jerking of the right arm was general, but upon feeling the muscles of the elbow and forearm, these were found to be most affected, and more so on the anterior surface than the posterior. These spasms were preceded by a general feeling of restlessness, and a creeping sensation passing upwards from the base of the neck to the top of the head in the posterior region. Muscular strength on the affected side was neither increased nor diminished, though diminished on the left side, and was followed by slight numbness, and a tingling sensation at the ends of the fingers. There was no diminution of the sensibility of the skin, nor was there any perceptible loss of flesh, other than might be expected from confinement. The digestive

unctions were also impaired as in previous attacks, hough somewhat less marked. Large doses of hloral hydrate had the effect of ameliorating he attack or checking it, thus enabling the patient o secure sleep which could be obtained in no ther way. The application of either heat or electricity had the effect of increasing its intensity subequent to their application. When a heated ponge was passed down over the spine from the ervical region to the lower dorsal, the sensation vas of increasing heat, until it reached its climax at he point where the injury was received by being hrown from the horse. Cold water baths always ad an invigorating and alleviating effect on the atient.

A feature of the spasms was that raising the arm would cause the leg involuntarily to stamp if the patient was standing, and jerk up and down if ying. For some time pain has manifested itself n the dorsal region whenever the patient ascended tairways. At the present date the patient is free rom the spasms, and has been for some days, but gain complains of recurring rheumatism, situated hiefly in the lower extremities.

May 19th, 1874. Patient is in a lower physical condition, and complains of increasing rheumatic pains in all the joints of his extremities. His mind appears less active, and he obtains but little sleep. He has no appetite.

May 22nd. The patient is again suffering from he presence of a spasm affecting him almost universally, and taking the place of the rheumatism. It is not so prominent in the lower as in the upper extremities. His speech is hesitating, and articulation less distinct. The nurse reports him as having taken no less than seventy grains of chloral hydrate night before last, exceeding his instructions.

May 23rd. The patient received forty grains of chloral hydrate last night, by direction of his medical attendant, and experienced relief thereafter, obtaining some sleep. His condition appears n no way improved to-day. The nurse reports having discovered that the patient chewed and swallowed a considerable quantity of tobacco, a habit long since acquired.

May 25th. The patient died this evening at nine o'clock, but without manifesting any change in symptoms, up to the moment of his death.

May 26th. A post-mortem examination was held this afternoon upon the body, with the following results :—The eyes much sunken, the right half of the upper lip was drawn upwards. The back of trunk and extremities were covered with patches of purple. The brain after removal weighed forty-seven and a half ounces. The dura mater was unusually thick, and the vessels much congested. The median line presented some slight adhesions. On the posterior part of the right hemisphere, there was circumscribed inflammatory effusion in the arachnoid. On dissection the convolutions appeared well developed and unusually deep, and grey matter was abundant. Extensive softening was manifest in the upper portion of the crura cerebri and left optic thalamus, portions of which were readily washed away by dropping water from a height of fifteen inches. Examined by the microscope the diseased parts of the white matter presented the corpuscles characteristic of softening. On examination of the spinal cord, it was found to lack its usual consistency, while in the lower dorsal region there was complete softening.

An examination of the viscera of the thoracic and abdominal cavities, revealed the fact that there was fatty degeneration of the heart, the walls of which were unusually flabby. Beneath the left infra-clavicular and mammary regions there was the characteristic adhesions of pleurisy. No further abnormality was discovered.

Case 2.—Melanotic Cancer.—James H——, æt. 53 years, a native of Scotland, was admitted May 17th, 1873. The patient has lived for some years in Petrolia, and has generally enjoyed good health, and now presents a strong healthy appearance. He says that he has occasionally drunk to excess, but that his habits have usually been temperate. His business was in connection with the oil works in Petrolia.

In October, 1871, while engaged in extinguishing fires in the woods, he felt his foot severely pinched from a new boot, which caused much pain subsequently. He soon after observed a lump in the right groin. He asserts that he never had any private disease. Erysipelas set in at the time of the appearance of the lump. During the continuance of this ailment the lump disappeared. It however again appeared in January, 1872, and was at that time about the size of a large marble. At the time of the fire he received wounds in the instep, where erysipelas manifested itself, and at this time these wounds were injected. The lump

continued to harden and increase in size. In April following he first came to the Toronto General Hospital, suffering from phlegmonous erysipelas of the right leg. At the time of his entrance he labored under the impression that he had dropsy, which was due to a swollen condition of the abdomen. This soon disappeared, and he appeared quite well. The lump however remained, and continued to increase in size, but not to such an extent as to occasion inconvenience. During the continuance of the disease, several deep seated abscesses formed, and some of the connective tissue of the limb sloughed away.

He remained in the hospital six weeks, when he went home nearly well. At this time however he noticed a small lump in the right groin. On returning home he undertook an extensive contract, and worked very hard that summer, a circumstance to which he attributes his present trouble. In the fall it appeared to gain in size more rapidly, and he ceased to work during the ensuing winter. When he resumed work the lump became inflamed, and he was again forced to quit work. About four months before his second admission into the hospital he applied for medical aid. Local applications of different kinds were then made, but with no benefit. Finding that matters were getting worse, he concluded to come to Toronto, and accordingly he was admitted to the hospital in May, 1873.

The following are the notes of the case taken at the time :—"The swelling is situated in the upper and anterior part of the right thigh, just below Poupart's ligament. It measures externally about four inches in length, and three in breadth, the long diameter being directed from above downwards and slightly inwards. It has a hard undulated feel, is freely moveable under the skin, and does not appear to be attached to the deep fascia to any extent. He says that it increased in size slowly until about two weeks ago, when it began to grow more ripe daily, and to become painful. There is now slight pain on pressure."

Patient was ordered to lie quiet in bed.

May 26th. It having been decided, on consultation of different members of the staff that the tumour should be removed, the operation was performed to-day. An incision was made over the site of the swelling extending from Poupart's ligament to about five inches below. The skin was then with difficulty dissected off from the tumour, as in some parts it seemed to be infiltrated with the matter of which the mass itself was composed. Great difficulty was experienced in removing the tumour from its base, as it was found to be attached to some extent to the iliac portion of the fascia lata, and even to the sheath of the femoral vessels. The artery was first separated and afterwards the vein. It was found necessary to divide the saphena vein above and below, as it was surrounded by the cancerous mass; both ends were ligated. Some small arteries were also ligated. After the principal portion had been removed, several small hardened glands were also taken ont, and that portion of the integument which was indented was also cut off. The wound was then closed with sutures and water dressing applied.

On making a section of the tumour it was found to be made up of a hard fibrous wall surrounding a cavity which latter was filled with a dark semi-fluid substance somewhat resembling Indian ink. No microscopic examinations were made of this substance.

May 27th. Patient complains of headache. The pulse is 128. A small amount of sanious discharge continues to come from the wound.

May 28th. Patient has no appetite. Less headache. Pulse 117. Temperature 99°.

May 29th. Temperature 101°. Pulse 90. Patient doing well. Wound dressed with a solution of Potass. Permanganate, and a purgative given.

June 3rd. Two of the ligatures came away, leaving the wound in a healthy condition. The appetite is pretty good. The bowels are regular, and everything is progressing favourably. Temperature 99°.

June 11th. An abscess has formed in the upper part of the thigh, a little below Poupart's ligament, which was opened this morning. The wound still continues to display a large quantity of pus. A compress ordered to be applied.

June 13th. Lower opening closed up. Quantity of discharge from the upper part of wound diminished.

June 14th. Patient much improved and is now able to walk around the ward.

July 3rd. Went out this morning. The wound was entirely closed up. There was a good deal of induration about the cicatrix. With this exception there was nothing noticeable about the parts."

When the patient left the hospital there was a small lump in the neighborhood of the cicatrix, which has since grown to the size of a large hen's egg.

The patient entered the hospital the third time, in January of the present year, and has continued therein ever since.

The following are notes of the case at the date of his last admission :—" The amount of induration in the immediate neighborhood of the wound is a good deal less than when he left the hospital, but a little external to it there is a hard nodulated tumor of a dark bluish appearance, and not nearly so moveable as in the first instance. Similar masses of smaller size are also seen on the inside of the thigh, in the course of the saphena vein. The disease has also made its appearance on the inside of the foot. The patient says that about three months ago he was walking through the woods when he stepped on a snag which ran through the boot, producing a slight wound on the foot, and that this never healed up, and it now presents a dark and unhealthy appearance.

On consultation it was thought that owing to the ent of the disease, and the great probability that lso existed in the abdominal cavity, an operation s out of the question.

May 12th. There are now five lumps, four in thigh and one in the instep at the seat of the und received by the snag penetrating his boot as eady alluded to. The highest of the four is on evel with Poupart's ligament, the second about inches lower, the third some three inches lower l, while the fourth is a short distance above the ee. The tumor on the foot, which is more tender n the others, is very vascular, and about size of a penny or large button and flattened, h a circumference much expanded over its base d overlapping the adjacent tissue. This latter nor is caused by fungous granulations, and dis- rges dark coloured matter.

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AGENTS.—DAWSON BROS., Montreal; J. & A. MCMILLAN, St. John, N.B.; J. M. BALDWIN, 805 Broadway, New York, and BALLIERE, TINDALL & COX, 20 King William street, Strand, London, England.

TORONTO, JUNE 1, 1874.

MEDICAL EVIDENCE.

In the late Sir Henry Holland's work entitled Medical Notes and Reflections," there is a apter devoted to this subject, and as it is one hich has frequently been the occasion of any- ing but a complimentary estimate of the *savoir re* of members of our profession when in the tness box, we will briefly pass in review Sir enry's opinions on the subject. To his pro- sition, that there can be no better test of a sound derstanding than the right estimation of medical idence, few will demur. It is a calculation of obabilities, and there are none who are so free m prejudice as to be able to single out each cir- mstance for consideration, and give to it its oper value. Medicine cannot be viewed as a monstrative science, because given causes are t followed by uniform effects. Wet feet which ay occassion one man rheumatism, may produce pleurisy in another, in a third inflammation of the bowels and so on. Each case is a special subject for study. Our readers, we feel assured, will heartily endorse the following passage: "It must be admitted, indeed, that this matter of medical testimony is too lightly weighed by physicians themselves. Else whence the so frequent description of effects and cures by agents put only once or twice upon trial, and the ready or eager belief given by those, who, on other subjects, and even on the closely related questions of physiology, would instantly feel the insufficient nature of the proof. Conclusions requiring for their authority a long average of cases carefully selected, and freed from the many chances of error or ambiguity are often promulgated and received upon grounds barely sufficient to warrant a repetition of the trials which first suggested them. No science, unhappily, has abounded more in false statements and partial inferences, each usurping a place for the time in popular esteem, and each sanctioned by credulity, even where most dangerous in application to practise. During the last twenty years, omitting all lesser instances, I have known the rise and decline of five or six fashions in medical doctrine or treatment, some of them affecting the name of systems, and all deriving too much support from credulity or other causes even among medical men themselves." The cause of these delusions probably has a deeper origin, than the mere facility of admitting evidence. The status of medical men and their rewards, are adjudged by those ignorant of the science, in fact by a prejudiced and credulous tribunal. How great therefore the temptation to appeal to such prejudice, and to impose on such credulity. Whatever speculation carries with it plausibility, will be brought before the public, and supported by evidence not weighed in a very vigorous scale. In view of these self-evident facts we can hardly expect that medicine in the future will be free from false theories, and as false facts. The fallacies that beset all researches and all reasonings oppress us with additional force in physic; the same pernicious influence of words, the same tyranny of authority, the same prescriptive rights and vested interests in antiquity, the same meretricious blandishments of novelty, and in addition the ignorance and interference of the public. We quote again from Sir H. "In no class of human

events is the reasoning of *post hoc, propter hoc,* so commonly applied by the world at large, as in what relates to the symptoms and treatment of disease. In none is this judgment so frequently both erroneous and prejudicial. It would seem as if the very complexity of the conditions necessary to sound evidence, tended to beget acquiescence in that which is lightest and most insufficient for truth. The difficulties occuring in practise from this source are great, and require a right temper as well as understanding to obviate them." To morbid anatomy and an improved system of registration of deaths we must look for future additions of exactness, and devoutly hope that Dr. Brouse's motion for a Sanitary Bureau and Dominion Registration Bill, may not, by the Ministry, be indefinitely relegated to the limbo of good intentions.

INTRA-UTERINE MEDICATION.

The introduction of nitric acid and other caustic agents within the cavity of the uterus has of late been sanctioned by eminent gynæcologists. But there is a want felt, as to the means of applying such corrosive remedies. One of the simplest and apparently most efficient means yet suggested is the contrivance of Dr. Woodbury, of Washington, which is described in a paper by the author in the Philadelphia *Medical Times*. This application very much resembles an intra-uterine injector in shape, consisting of a small glass tube of the same diameter throughout, bent to the required curve, (like that of a uterine sound,) and having its terminal points well rounded by heat. Through the tube a piece of steel wire about two inches longer than the tube is passed, the temper being removed from the last two inches of the wire to permit its being bent to the curve of the tube. In using the instrument, the end of the wire is first moistened, and just enough cotton is wrapped round it to admit of its being drawn back into the tube without difficulty. The cotton is then dipped into fuming nitric acid, tincture of iodine, strong solution of carbolic acid, or any other fluid selected, and withdrawn into the tube. The end of the tube is well wiped, and through the speculum, introduced into the womb, dilatation of the ostium internum being sometimes necessary in order that the tube may be passed. When the tube has entered as far as necessary, the mop at the end of the wire is gently pushed into the cavity. If desired, a few drops of the fluid may be drawn into the tube, by the wire acting as a piston. It will then flow out drop by drop when the wire is pushed in. By both the methods the remedial agent is entirely under control.

COLLEGE REGULATIONS ABROAD.

In another column we publish the rules and regulations for the Diploma of some of the leading British medical institutions. Many of the younger members of the profession, who purpose visiting England with the view of obtaining one or other of these Diplomas, will be glad of the information which these extracts afford. We also desire to draw attention to the fact that the standard, both in regard to the subjects for the preliminary and professional examinations, tallies very closely with the requirements of the Canadian Colleges, and especially with the rules and regulations adopted by the College of Physicians and Surgeons of Ontario. It will also be observed that they are nearly alike in the different institutions, and are rarely ever changed. The same subjects are continued from year to year. The students consequently feel the utmost security when they commence that the subjects will not be changed in any whimsical way after they have entered upon their studies.

The regulation in reference to the subjects of the preliminary examination of the Council of the Physicians and Surgeons of Ontario, have hitherto been fixed by the Act; but by some strange inadvertence or something else, it was omitted in the third reading of the Bill. Although opposed by one or two individuals, it was finally agreed upon and ordered to be inserted in the Bill when it was before the Private Bills Committee. This strange omission would appear to render some parts of the Bill inoperative, or at all events throws it a little out of joint, especially where it is enacted that candidates shall pass the preliminary examination established by this Act, when in reality no such examination is established by the Act. This can only be rectified by a short Bill, which will probably be enacted next session. In the meantime it is confidently hoped that no change will be made in the regulations heretofore adopted by the Council, and which have been in force during the past two years.

MEDICAL LEGISLATION IN THE UNITED STATES.

It may open the eyes of some of the noisy lay advocates in Canada of what is called "free trade in medicine," to know that in the United States, where the utmost freedom in medical practice has been allowed, this system, or rather want of system, is found to work badly in the interests of the public. In several of the States the want of safety and want of protection conferred by so loose a law has led to a desire to adopt old-world notions on this head,—so that they are coming by progress of time and experience to the very standpoint which certain newspaper champions of a medical sect in this Province would have us depart from in order to suit the heat and bent of their views, excited by the failure of the homœopathic bill. In Kentucky, State Boards of Medical Examiners have been appointed in different districts, before which all authorized practitioners must appear and pass an examination. In North Carolina a much similar law has lately come into force, so that restrictions before unknown are now coming into operation in those States. A movement in the same direction may be discerned in the several pharmacy acts which have latterly been passed in different States, intended to secure proper qualifications in druggists and the dispensers of medicine. In fine, the Americans have discovered through the force of actual facts and a bitter experience, that protection to human life requires the institution of legal restrictions upon the practice of medicine. Independently of other arguments, the tendency noticeable in the United States is a good justification of medical law in Ontario, so recently attacked by a few enemies.

The body is *domicilium animo*, her house, abode and stay; and as a torch gives a better light, a sweeter smell, according to the matter it is made of, so doth our soul perform all her actions better or worse, as her organs are disposed; or as wine savours of the cask wherein it is kept, the soul receives a tincture from the body through which it works.—BURTON'S ANATOMY OF MELANCHOLY.

The crowning fortune of a man is to be born with a bias to some pursuit, which finds him in employment and happiness.—R. W. EMERSON.

MEETING OF THE PROFESSION IN CARLETON PLACE.—A meeting of the medical profession of the Bathurst and Rideau division was held at Carleton Place, on the 14th ult. Dr. Grant, the representative of the Division in the Medical Council, took the chair and delivered an able address. The following gentlemen were present: Drs. Grant, Hill, Beaubien, Van Cortland, Lynn, Leggo, Church, Wright, Corbett, Malloch, Wilson, McEwen, Bogart, Bell, Dickson, Mostyn, Patterson, McFarlane, Preston, Howden, Kellock, Anderson, Chambers, Pickup, Burns, Mann, O'Brien, Giles, and Beaty. Dr. W. R. Bell was appointed Secretary. The chairman in his remarks referred to the passage of Baxter's Bill by the local legislature; the defeat of the Homœopathic Bill; and the great benefit which has resulted from the union of the various medical bodies, although in a measure contrary to the ideas held by many members of the profession. He also touched upon sanitary matters, and concluded by an eloquent reference to the illustrious dead, mentioning in particular Sir Henry Holland and Dr. Livingstone.

The main object of the meeting was to arrange a tariff, to be submitted to the Ontario Medical Council at its next session, in order to receive approval as a "*scale of reasonable charges.*"

Moved by Dr. Patterson, and seconded by Dr. Hill, that we constitute ourselves into a territorial association, to be styled "The Bathurst and Rideau Medical Association."—*Carried.*

The following gentlemen were then appointed to the various offices,—Dr. Grant, President, *ex-officio;* Dr. Giles, first vice-President; Dr. Pickup, second vice-President; Dr. Hill, Treasurer; Dr. Lynn, Secretary; Drs. Dickson, Mann, Mostyn, Howden, Beaty, Preston, Beaubien, Leggo and Church, Executive Committee.

The subject of a uniform tariff of fees was then brought up, and committees were appointed to draw up a tariff for the rural district, and also for the City of Ottawa. A committee was also appointed to frame a constitution and bye-laws for the Association. After a vote of thanks to the President, the meeting adjourned to meet again on the 14th of August next. The proceedings terminated with a lunch at the Mississippi Hotel, by invitation of the President.

Be what Nature intended you for, and you will succeed; be anything else, and you will be ten thousand times worse than nothing.—SYDNEY SMITH.

ACETIC ACID IN SMALL-POX.—The *Med. and Surg. Reporter* of Mar. '73, contains a Report of Dr. Roth of his Mission (by order of the Austrian Government) to Upper Silesia, where small pox was epidemic and very malignant among a peasant population, herded together in huts, generally a single room for a family, sometimes 10 to 14 in number and uncleanly in habits, wearing woolen clothing from season to season. Acting on the theory of a yeast ferment as characteristic of the poison, Dr. Roth ordered 2 tablespoonfulls of common vinegar, with or without water after breakfast and towards evening for 14 days. For half grown and feeble persons, one half this dose. The result of the prophylactic treatment was favourable beyond his hope. Not a single fatality occurred even when the disease was quite developed, and 8 out of 10 of those exposed escaped the disease altogether, and the small number of the sick was but little affected, pustules were few and sequelæ *nil.*

Dr. Roth's plan has been carefully tried in Toronto this season and has been *attended with very* favorable results. From all reports it seems worthy of adoption, at least so far as prophylaxis is concerned.

LINIMENT FOR ACUTE RHEUMATISM.—Very few liniments are adapted for application to joints affected by acute rheumatism. Some eminent practitioners discard them altogether, or rely by preference upon soothing alkaline lotions. The following formula for a liniment has the experience of Charity Hospital, New York to recommend it:

℞ Tinct opii—℥j
Spirit chloroformi—℥iss
Linimenti saponis ad O. j. M.

The liniment is applied freely to the joints and immediately covered with cotton and oiled silk. The *Medical Record* says the relief from pain afforded by this application has been gratifying.

GUARANA.—Dr. Macdonald of Endinburgh, Scotland, has an extended and carefully written communication in "*The Practitioner*," published in London, and reprinted in New York, September, 1873, establishing the reputation of *Guarana* for sick headache. Its effects in neuralgia, sick headache and diarrhœa are sometimes almost *immediate* and wonderful.

CREMATION *versus* BURIAL.—There has be a revival in Italy, to a limited extent, of t ancient practice of cremation; and the advoca of this method of disposing of the dead certain eminent medical authorities in Engla has given rise to a great sensation in t popular mind. The excitement in England h even extended to America. In both countries n this question is discussed in its scientific bearing and we may suppose that in certain advanc communities the practice will not be witho examples. The sanitary reasons that may strong enough in densely populated countries induce scientific men to lend the mode th sanction, do not so powerfully apply in a coun like ours; and such arguments are less likel therefore, to overcome the feelings of loving-kin ness and attachment to the memories of the de which find gratification in the time-honoured pra tice of interment with the rites of Christian buri

BRITISH PHARMACOPŒIA.—A second reprint the British Pharmacopœia with additions has ju been published. The additions comprise new r medies of importance, such as chloral hydrate, am nitrite; several new forms of medicines, such chloroform water, mustard water, liquid extract liquorice, hypodermic injection of morphine, sol tion of citrate of magnesia, phosphorated oil, pho phorus pill, compound scammony pill, compoun powder of elaterium, syrup of chloral, etc., and thr new tinctures, viz., tincture of fresh orange pee tincture of larch bark, and ammoniated tincture quinia. Areca nut, a valuable anthelmintic, an acetic ether, a most agreeable compound ethe are included among the additions. Tincture of larch bark has been found serviceable in certai bronchial affections. An authorized formula fo hypodermic injection of morphia was much needed

CARBOLATED COD LIVER OIL.—We beg leav to call attention to this new and important combi nation. It is very highly recommended by th medical profession in the United States, and ha been found especially serviceable where the expect aration is profuse and offensive. In extensive sup purating wounds it supports the constitution lessens the discharge and promotes healthy action. It contains 1 gr. carbolic acid to the oz. of cod liver oil. The carbolic acid also disguises the taste and prevents it from becoming rancid.

PHYSIC, LAW AND DIVINITY.—We may puzzle ourselves, says Sanderson, in the pursuit of knowledge, dive into the mysteries of all arts and sciences, specially engulph ourselves deep in the studies of those three highest professions of Physic, Law and Divinity: For Physic, search into the writings of Hippocrates, Galen, and the Methodists of Avicenna, and the Empirics, of Paracelsus and the Chemists; for Law, wrestle through the large bodies of both laws, civil and common, with the vast tomes of Glosses, Repertories, Responses and Commentaries, and take in the reports and year books of our Common Law to boot; for Divinity, get through a course of Councils, Fathers, Schoolmen, Casuists, Expositors, Controversers of all sorts and sects; when all is done, after much weariness of the flesh and (in comparison hereof) little satisfaction to the mind, (for the more knowledge we gain by all this travel, the more we discern our own ignorance, and thereby but increase our own sorrow,) the short of all is this, —and when I have said it, I have done,—you shall evermore find, try it when you will,

Temperance the best Physic,
Patience the best Law,
and
A good conscience the best Divinity.

BACON (Novum Organum) says:—"No man has yet been found possessed of sufficient firmness and severity to resolve upon and undertake the task of entirely abolishing common theories and notions, and applying the mind afresh, when thus cleared and elevated, to particular researches,—hence our human understanding is a mere farrago and crude mass, made up of a great deal of credulity and accident, and the puerile notions it originally contracted. But if a man of mature age, unprejudiced senses, and clear mind, would betake himself anew to experience and particulars, we might hope much more from such a one; in which respect we promise ourselves the fortune of Alexander the Great."

CORRECTION.—In our last issue, page 277, in an addendum of ours to an article by Dr. Atherton, it is stated that the foreign body ulcerated through the trachea It is the opinion of the Dr. that it passed up through the Larynx during the operation and was swallowed by the patient, also for "33" days read "5" days.

THE ACTIVE PRINCIPLE OF ERGOT.—The experiments of Wernich, of Berlin, on ergot, go to show that more of the active principle of ergot is contained in the watery extract than in the alcoholic or ethereal extracts. These experiments confirm the views of many practical men who have been led to prefer the infusion over other preparations, and they suggest that it would be better to replace the tincture by a concentrated infusion, made to keep by the addition of spirits, and which, like the tincture, could be employed at a moment's notice.

FORMULA FOR NEURALGIA.—According to the Richmond and Louisville *Medical Journal*, Dr. Edward C. House has employed with success, in a large number of cases of neuralgia, the following combination of ergotine with the phosphide of zinc:—

℞—Zinci phosphidi 3j.
Ergotin gr. v.
In pilulas No. 60 dividend.

One pill to be taken after each meal.

THE DECLINE OF HOMŒOPATHY.—It is not alone in Canada that homœopathy is declining. It is noticeably declining in the United States, the medical colleges of this sect showing a decline of fifty per cent. in the number of graduates of this year, compared with the classes of last year, And the indication of the decline and change is noticeable in the American homœopathic journals, which are occupied a good deal in reviewing works in general medical literature.

EPIDEMICS OF THE MIND.—Bayle, in his Dictionary, under the word "abdere," says:—L' esprit est sujet aux maladies epidemiques tout comme le corps; il n'y a qu' à commencer sous de favourable auspices, et lorsque la matière est bien preparée. Sa difference qu'il y a entre ces maladies el la peste, ou la petite vérole, c'est que celles ci sont incomparablement plus frequentes.

The body has its claims, it is a good servant; treat it well, and it will do your work; attend to its wants and requirements, listen kindly and patiently to its hints, occasionally forestall its necessities by a little indulgence, and your consideration will be repaid with interest. But task it and pine it and suffocate it, make it a slave instead of a servant, it may not complain; but like the weary camel in the desert, it will lie down and die. —A PHYSICIAN'S PROBLEMS.

APPOINTMENTS.—Dr. Cassidy, Toronto, has been appointed Physician to the Emigration Department in this city. Drs. C. N. Trew and McInnis have been appointed on the medical staff of the Royal Columbia Hospital at New Westminster, British Columbia. Dr. Anderson Ruffin Abbott, of the town of Chatham, Esq., M.D., Associate Coroner within and for the County of Kent. William Campbell VanBuskirk, of the Town of St. Thomas, Esq., M. D., Associate Coroner within and for the county of Elgin. Edwin D. Ault, of the village of Aultsville, Esq., M.D., Associate Coroner within and for the united counties of Stormont, Dundas, and Glengarry. Mark Bice, of the village of Widder Station, Esq., M.D., Associate Coroner within and for the county of Lambton. Robert Arthur Alexander, of the village of Fergus, Esq., M.D., Associate Coroner within and for the County of Wellington.

Abraham McMichael, of the Village of Gorrie, Esquire, M.D., Associate Coroner within and for the County of Huron.

Dr. Daniel H. Kitchen, late of the N. Y. Lunatic Asylum, Utica, has been appointed Med. Superintendent of the State Emigrant Lunatic Asylum, Ward's Island, New York.

A THIRD APPEAL.—We must again appeal to our medical brethren in behalf of a medical gentleman who, from no fault of his own, is reduced to almost destitute circumstances. On account of a disease of the rectum, he was obliged to desist from riding or driving, and was consequently obliged to retire from country practice. He has a small practice in Toronto, but not sufficient to maintain his family.

In response to our former appeals, some $6 or $8 were received, which were acknowledged in the LANCET. We trust that this appeal will meet with a more hearty response.

BIND THE *Lancet*.—As we are desirous of encouraging our subscribers to bind the *Lancet* in volumes for each year, we now offer to furnish missing numbers to any one who may desire them, *gratis*. We can supply back numbers from January 1871. The price of binding is about 50 or 75cts. It makes a very handsome volume. I hope we may be excused if we say further that these volumes are of considerable importance as works of reference on various medical subjects.

DIED.

At Shakspeare, Ont., on the 6th ult., Dr. Ross, in the 30th year of his age.

At Truro, N.B., on the 4th ult., Dr. McKay, aged 34 years.

At Carleton, St. John, N.B., on the 6th ult., Dr. Harding, resident physician of the Quarantine Establishment at Partridge Island, suddenly, at the age of 64 years.

At Oakville, on the 16th ult., MARY M., wife of E. J. OGDEN, M.D.

At Athlone, on Tuesdny, the 5th ult., CHARLES PATRICK. eldest son of Dr. McKENNA, aged 5 years.

At Mount Pleasant, on Saturday, 16th ult., of spinal meningitis, JOHN GEORGE, eldest son of Dr. MARQUIS.

At Newmarket, on the 27th ult., G. C. McManus, M.D., son of Mr. McManus, M.P.P., from an over-dose of morphine.

Book Notices.

MEDICAL AND SURGICAL DISEASES OF WOMEN. By Robt. Barnes, M.D., of St. Thomas' Hospital London, England, with one hundred and sixty-nine illustration. Philadelphia: H. C. Lea. Toronto: Willing & Williamson, pp. 769.

The author, in his preface, states that "the design of the work is to give such a description of the medical and surgical diseases of women as will assist the medical practitioner in their diagnosis and treatment." This he has accomplished in a most complete and satisfactory manner. Nothing seems omitted which should have been given. The author first gives a description of the genital organs and the various discharges, watery, purulent, Hemorrhagic, &c. He next takes up the pathology of ovarian tumors, their diagnosis and treatment. Disease and displacement of the uterus are also treated of at considerable length, also cancer, polypi and fibroid growths. The various instruments and appliances used for the relief of surgical diseases, are depicted, and their uses, abuses, advantages and disadvantages very fully given. The work contains a great fund of useful information, and we cannot too highly recommend it to our readers.

A PRACTICAL treatise on the diseases of children. By J. Forsyth Meigs, M.D., and Wm. Pepper, M.D. Fifth edition revised and enlarged. Philadelphia: Lindsay & Blakiston, Toronto: Hart & Rawlinson.

It is only a short time since the appearance of the last edition, and therefore only a few changes are noticeable. The volume has been increased about 90 pages, by the addition of new matter. The work is well and favorably known to the profession, and the present edition is likely to meet with a ready sale. It is a valuable work, and one which we highly prize.

THE CANADA LANCET:

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Original Communications.

SUPPLEMENT TO PAPERS ON DYSENTERY, SCARLET FEVER, &c.

BY WILLIAM KERR, M. D., GALT, ONT.

In the September (1873) number of this journal, I expressed a hope that I would be able to bring forward a modification of my remedy for Dysentery, suited to those cases which altogether resist the Digitalis and Squill combinations. I cannot yet speak with confidence, as my experience is very limited, but I think I may venture to lay the investigation before your readers, as a step, I hope, in the right direction, which the diligence of other explorers may carry further forward.

Fifty years ago, Dr. Duncan inculcated in his lectures on *Materia Medica* in the University of Edinburgh, the advantage of extending the examination of the medicinal properties of a plant into other plants of the same natural order, and Dr. Paris, in his Pharmacologeia insists that the power of all classes of medicines, Laxatives, Diuretics, Narcotics, &c., is increased by joining together several of the same. To these views I am indebted for the measure of success which has attended what I have styled the Digitalis and Squill combinations, and these views have been my guides in extending the investigation. It may not be without interest to connect the whole from the beginning, and to show by what changes the present stage has been reached.

I had used Henbane and Camphor, successfully in a case of excoriation of the fauces, when I was consulted for nursing sore mouth, by an elderly female, who had suffered from it for twenty years. It was cured by the same remedy in fourteen days, and several others yielded readily. In one as related by me in the Upper Canada Medical Journal, Dec. 1853, the sensation of scalding aggravated by swallowing whatever is pungent, a characteristic of nursing sore mouth, extended down the gullet to the stomach, and gave rise to symptoms of Dyspepsia. These complaints had lasted several months, and were cured in four weeks. Others having both nursing sore mouth and Dyspepsia, were readily cured of the former, but more rarely of the latter. Believing myself to be on the right track, and confident of some gain, I did not discard Henbane and Camphor in the succeeding cases of Dyspepsia, but added Hemlock, (Conium Maculatum) when I had the satisfaction of curing several whose complaints had previously resisted me. In the course of months I again encountered unyielding cases, when, encouraged by what a combination of narcotics had already accomplished, I included Stramonium, and obtained an additional and decided gain.

Accident led to the selection of the next ingredient. I had several times used with benefit the combination of equal parts of Henbane, Camphor, Hemlock and Stramonium, together with a similar proportion of opium in Dysentery, which in a generally mild form was prevalent at this period. One man was cured so rapidly that I enquired minutely into the circumstances, and found that for some time previously, and while using my prescription, he was under the influence of a medicine containing a diuretic. Acting on this suggestion I added Digitalis, and soon recognized increased efficiency not only in Dysentery, but in Dyspepsia, and other affections of the mucous membrane. I may say here that during the whole investigation it was found that any addition which was beneficial in one disease of this membrane, was likewise beneficial in every other of the same in which I had an opportunity of trying it, and *vice versa* a retrogression in one was a retrogression in the others. It is, therefore, manifest that, though Dyspepsia and Dysentery afforded the greater part of the evidence, the search was not merely for a remedy for these, but generally for diseases having their seat in a tender or ulcerated state of the Mucous Membrane.

I had exhausted the officinal narcotics, and in most instances Dysentery yielded more readily than with opium alone, and Dyspepsia more frequently than with the simpler combinations. It is not to be understood, however, that as the medicine rose in efficacy, there was a correspond-

ing scale in the cases of disease cured, that it gradually became able rising from slight to cure the more severe. A greater proportion of all cases occuring to me were cured, but among those which resisted treatment were some apparently not worse than others which had yielded readily to the same combination; on the other hand Henbane, Camphor, and Hemlock, nearly inoperative in the greater part of severe cases, removed dyspeptic symptoms from a boy after the accompanying headache had brought on amaurosis, restoring him to health in all respects, except blindness. The test of increasing efficiency, therefore, consisted in previously unyielding cases being cured, and in a greater number of apparently slight, as well as evidently severe, being also cured.

Numerous cases still baffling me, farther improvement was necessary, which could only be gained by the addition of medicines unrecognized by the pharmacopæia; my thoughts were, therefore, turned to the wild plants of the woods and swamps. While pondering on where to begin, I was struck by the number of umbelliferæ known as poisons, but not as medicines, and determined to investigate this order. Passing by in this sketch those which gave no proof of gain, I added Cicuta Maculata, and obtained decided improvement, and subsequently the Conio-selinum Canadense with increased benefit. In a case of obstinate Dyspepsia I tried these successively and afterwards conjointly, together with the other components, and obtained a perfect cure. A case of Dysentery, which had resisted the preceding combination, was also speedily cured.

At this stage I ceased to retain Camphor on account of several dyspeptic patients having from time to time complained that it aggravated the tenderness of the stomach, and now one positively refused to take medicine containing it.

In some instances, especially in children, Digitalis disagrees; to suit such Squills were substituted.

The combination now consisted of Digitalis or Squills, Henbane, Stramonium, Conium Maculaum, Cicuta Maculata, and Conio-selinu m Canadense. In this form it had gained considerably more power not only in Dyspepsia, but with opium also in Dysentery. The latter was epidemic in the autumn of 1856, and in one intensely severe case, characterized by that generally fatal symptom profuse sanguineous discharges, accompanied by great tenderness of the abdomen, and latterly for two days with total sleeplessness, when agony was extreme, and death apparently not far off, relief succeeded by sleep was obtained in an hour, and recovery completed in little more than a week the total quantity of medicine given amounting to only forty-nine grains, or seven of each ingredient.* The rapidity of relief and of cure were in striking contrast with the inefficiency of the ordinary medicines, which, under the direction of two medical gentlemen had been administered for several days previously. In another, though much less severe instance, the medicine failed, fortunately, however, a case of Dyspepsia threw light on the cause of failure. This patient assured me that every dose was followed by pain in the stomach. Suspecting Conium Maculatum, I substituted another Umbelliferous plant Sium Lineare; no further complaints were made of pain, and a cure was obtained. Applying this experience to the case of Dysentery, a similar change was made with the like result.

Failures or tardy success caused me to reinvestigate the Solanaceæ, and the opinion arrived at was that those which best aided the other components were Dulcamara and Stramonium. I tried three of this order in the combination, but the peculiar effects of the Solanaceæ, thirst and dimness of vision, became too disagreeable to allow more than two members of it to be retained. During the investigation, each change, which never consisted of more than the addition or subtraction of one plant, was tried in all the cases of disease of the mucous membrane which occurred to me. Notwithstanding these precautions, progress was not always forward. If the patients happened to be curable by less potent combinations, I might be led astray and getting into a wrong path might deviate considerably, till failures where there ought to have been successes told me that I was in error. Returning to the narrative, my suspicion was roused respecting Stramonium, which I discarded, adopting another of the Solanaceæ, and possibly when I did so the case under treatment was one that I now know to be exceptional, where Stramonium does disagree. The cases immediately following did not indicate loss of power, but soon Dysentery set in epidemically,

*At this period all the ingredients were equal.

when it became manifest that the medicine had lost its former efficacy. I am happy that no patient died, I failed, however, where former experience had led me to expect success. Still believing that I was on the right path I doubled the quantity of each of the Umbelliferæ, but without benefit, though without injury, then I fell back on Stramonium, the other components being Digitalis or Squills, Dulcamara, Stramonium, Sium Lineare, Cicuta Maculata*, and Conio-selinum Canadense, and the readers of this journal know with what benefit.

While investigating the Umbelliferæ a wrong theory led me to discard Conio-selinum Canadense for another of the same order. I had at that time a patient who for a dozen years had had Dyspepsia, accompanied with constipation, greatly impaired sleep, severe headache, loss of memory, and, when I first saw him, a state of mind closely approaching to insanity, declining, for instance, to walk out of doors, because he said everybody looked at and talked about him. I directed twelve grains of the digitalis combination to be taken daily, digitalis being increased to a full proportion, and Stramonium reduced to half, to avoid thirst, which a larger quantity of the latter continued for a length of time would have excited. To obtain a naturally open state of the bowels, two parts of Aloes were added to five and a half of the combination, a laxative so gentle that the patient is generally unconscious of having taken medicine. This being accomplished the complement of the medicine was made up by the same, but without Aloes. He soon slept better, dyspepsia and headache diminished, his memory gradually improved, and he began to take out door exercise, not avoiding those whom he casually met. In the course of a year he was able to teach a school, nevertheless, he continued to take the Digitalis combination more or less regularly for several years. It was in the course of this period that conio-selinum was removed, from this time he never ceased to complain that the medicine had lost its efficacy till this plant was restored again, which I did without informing him, but he recognized the restoration as speedily as he had done its abduction. A case of Dysentery gave a similar testimony, when I no longer hesitated to replace Conio-selinum Canadense, greatly to the delight of my dyspeptic patient.

The same testing process was resorted to with Cicuta Maculata. Retaining Conio-selinum Canadense, I kept it out, and several patients having dyspepsia failed to obtain relief to the extent I expected, till Cicuta Maculata was replaced. As stated in my papers on Dysentery and Scarlet Fever, I pulled down the combination, and built it up again, examined thirty-two plants or their products, and occupied between five and six years in the investigation.

Prior to my first paper on Dysentery between 400 and 500 patients had been treated, of whom only four had died. To avoid unfairness I published every report transmitted to me, yet in my second paper (1867) the same measure of success is recorded. Towards the end of the year a medical gentleman in Michigan and another in Illinois, wrote to me that the medicine which had been very successful the preceding year, had that autumn not shown the same power. Still the general testimony of my correspondents was one of success, and the failures few in number; Dr. Clarke's letter, (Aug. .73 *Lancet*) bringing up his experience to last midsummer, was not at variance with the tenor of reports from others. The failures in the Western States, those mentioned by the Rev. Dr. Robb in Western Africa, and more especially the case of the gardener, (Sept. *Lancet*, which occurred to myself, convinced me that a renewed search was needed to obtain a medicine capable of combating such cases successfully. This opinion has been confirmed by the results of last autumn. In some parts of the country the treatment has been very successful, but in others there have been failures, the total of which make a greater number than in all my previous experience put together. The steps which have led to what I trust may prove to be a remedy began fourteen years ago with a different object.

In each of my two combinations there are three diuretics, Digitalis or Squills, Dulcamara, and Sium Lineare, belonging to three natural orders. Convinced of the benefit derived from carefully selected, not random, combination, I gave these to two children having Anasarca follow-

*I do not doubt that the other species of Sium and Cicuta might be substituted. Only one species of Conio-selinum exists on this continent. See the works on American Botany by Gray and Wood.

ing Scarlet Fever, with speedy benefit and effected a complete cure. Too often in dropsical affections ordinary diuretics only temporarily remove the collection of water, but I am satisfied, comparing my former experience with my present, that this less frequently happens when the patient is treated with the combination now mentioned. Give the following instance its due weight, and it will be seen that not only was a large quantity of synovial fluid removed, but that the patient was completely and permanently cured of a disease usually believed to be beyond the influence of diuretics. A man who in consequence of a blow, for two years had had inflammation of the synovial membrane of the knee accompanied with great effusion of watery fluid, giving rise to lameness, and for eight months to so much pain as to interfere with sleep, applied to me saying that he had been under the care of several medical men, and that he was now willing to submit to amputation. I gave daily in divided doses two grains of Digitalis, and four of each of the other two. In two month she was thoroughly cured, all pain removed, no trace either of lameness or swelling left behind, so that the most strict examination could not detect which knee had been diseased, and further the cure was permanent. In a similar case which had lasted three months, and where for a fortnight previously pain had greatly interfered with sleep; in twenty-four hours the patient was so much relieved as to sleep soundly, and in a week was nearly well; the cure was permanent. The smallness of the doses, and the speed with which they take effect are usually very striking, frequently in twenty-four hours the flow of urine is increased, and there is no necessity of pushing Digitalis to the verge of causing sickness.

Sir Thomas Watson thus expresses himself in favour of several diuretics put together, "sometimes a combination or farrago of diuretic substances prove more efficacious than larger doses of any of the ingredients administered singly."

A few years after the idea of forming the preceding diuretic combination had occurred to me, at the successful conclusion of the treatment of a case of dyspepsia, the patient told me that a goitire of long continuance had considerably diminished. In this the diuretics could have had no share, the absorption must therefore have been owing to the other constituents. The patient was contented with the gain obtained, and declined taking more medicine, but profiting by the hint, I have since always given these along with our recognized deobstruents, Iodide of Potassium, Henbane, and Hemlock (Conium Maculatum) the medicine consequently consisting of Iodide of Potassium, two of the Solanaceæ extract of Henbane and Stramonium, and three of the Umbelliferæ-Hemlock, Cicuta Maculata, and Conio-selinum Canadense, combined in the proportion of two parts of the first to one of each of the others, and given in doses of three grains twice or thrice in a day. The effect is more certain and speedy than a much larger dose of Iodide of Potassium. The following is an example: a lady 25 years of age had a large goitre from her early girlhood. It was wholly removed in fifty days by 100 grains of Iodide of Potassium, and 50 of each of the others.

I had placed the diuretics in a separate combination, and in glandular affections found that the remaining three added potency to the recognized deobstruents. I had also found headache arising from dyspepsia curable by the digitalis or squill combinations, but the same medicine useless and even hurtful in nervous affections unaccompanied by dyspepsia. In searching for the change necessary to suit such cases the diuretics were found to be injurious, and I resorted to the deobstruent combination, in some cases with advantage; lastly, a case occurred which showed beyond doubt that Stramonium was decidedly hurtful. Unlike cases of dyspepsia, which seem to be more numerous in Canada than those of any other disease, nervous affections with which dyspepsia has nothing to do are few in number. In endeavouring to find a remedy I therefore could not subject each member of the contemplated combination to the same rigid examination, as I had done to the others. There being no evidence against the Umbelliferæ, Hemlock, Cicuta-Maculata, and Conio-selinum Canadense therefore remained; looking to the undoubtedly powerful effects of Strychnine and Calabar Bean in nervous diseases, I added them, the latter partly on its own account, and partly to counteract the poisonous tendency of Strychnine; lastly, I made the addition of Spigelia Marylandica, belonging to the same natural order as Strychnine, on the supposition that it might heighten the medical properties of the latter, without increasing

its poisonous, for which I think I have analogy in the other combinations. These changes were made solely in reference to nervous diseases, and success in some very striking instances was the consequence. I imagined that I was getting farther away from diseases of the mucous membrane, but to my surprise some cases showed that I was coming nearer. These patients told me that their bowels were now more regular, and that when it was necessary to add Aloes, the action was as gentle as that of laxatives formed from the Digitalis or Squill combinations, the effect I apprehend of the Umbelliferæ; at the same time there was more power in removing the tendency to constipation.

I have mentioned the success attending Henbane and Camphor in nursing sore mouth, the same success continued to attend the successive combinations so that I looked upon this complaint as the most curable of diseases of the mucous membrane. Three years ago, however, a case occurred which proved altogether unyielding, though apparently not worse than others, and last winter a woman complaining of nursing sore mouth and Dyspepsia was readily cured of the latter by the Digitalis combination, but the former remained unaffected. The Strychnine combination was then given with very speedy improvement. The medicine consisted of equal parts of all the ingredients except Strychnine.* Dose, three grains containing $\frac{1}{25}$ gr. of the latter thrice a day. She was cured by thirty-two doses.

Last summer a child aged two years was seized with Dysentery, the stools bloody and slimy, accompanied with tenesmus, and occuring every hour or even half hour. The Squill and Digitalis combinations were successively given, but without benefit. When at least eighty grains of these, containing fully twelve of opium, had been taken, I changed to the Strychnine combination without opium, and obtained a cure when only three grains or $\frac{1}{25}$ gr. of Strychnine had been swallowed. In the summer of 1872 this child had Acute Diarrhœa which he struggled through, not benefited by the Digitalis, Squill, or Bisulphite of Soda combinations with or without opium, and when these were discontinued, not benefitted by Laudanum pushed to the utmost verge of safety. Last spring this child's father was harassed for weeks by frequent calls to stool accompanied with pain and tenesmus, voiding little, and sometimes almost nothing. Six grains containing $\frac{1}{18}$ of a gr. of Strychnine relieved him greatly, and three grains twice a day cured him in less than a week. Slight attacks both before and since have been removed by the Digitalis combination, with opium which, however did little or no good in the more distressing condition cured by the Strychnine. A child of his four months old was in the beginning of September seized with Dysentery which increased till, for two or three days, stools accompanied by slime and tenesmus, but without blood, occurred every half hour. Strychnine combination having speedily cured his brother, was first tried, but though pushed to doses of $\frac{1}{50}$ of a grain together with four drops of laudanum, it did no good; frequent starting indicated that larger quantities could not be borne. The disease yielded pretty readily to the Squill combination with opium.

Last June, a child of four months, usually constipated, was seized with bowel complaint threatening to become Dysentery, the discharges, five or six daily, were copious, he had considerable pain and was feverish. The Strychnine combination ($\frac{1}{75}$ gr. of Strychnine) was given without Laudanum every three hours. He was relieved by bedtime, and next day was nearly well. In July he was attacked pretty severely with Infantile Cholera, profuse watery stools occurring ten or twelve times a day. Strychnine combination ($\frac{1}{75}$ gr. of Strcyhnine) with half a drop of Laudanum was given every three or four hours, vomiting soon ceased, and in three or four days he was pretty well. In the beginning of August this child was attacked with Dysentery. At first the stools were about eight daily, and not bloody. I gave Strychnine combination ($\frac{1}{75}$ gr. of Strychnine) with half a drop of Laudanum every four hours, but without checking the disease. In four days the stools having become bloody, I exchanged the Strychnine for the Squill combination with opium, which gave no relief; the disease increased, the stools became more frequent, and the child's countenance and sunken eyes told of exhaustion and suffering. After two days' trial I returned to the Strychnine combination, increasing the dose to $\frac{1}{50}$ gr. of Strychnine with the same dose of Lau-

* I have since diminished Calabar Bean and Spigelia Marylandica to a half part each, the three Umbelliferæ constituting one part each, together with one grain of Strychnine added to one hundred grains.

danum as formerly, viz., half a drop. These were given nearly every three hours during the first day, and the child becoming easier and sleeping longer, next day and for a few days they averaged one every four hours. By about eight days, after the dose of the Strychnine combination was increased, the child ceased to require medicine.

Last summer, Dr. Lovett, of Ayr, in this neighbourhood, wrote to me that in the autumn of 1872 my medicine had not been so efficacious as formerly, and in sending a supply I enclosed a small quantity of the Strychnine combination. A patient with pretty severe diarrhœa, which had lasted seven weeks, and resisted all the common medicines, applied to Dr. L. who gave him the Digitalis combination with only temporary benefit. A fortnight afterwards, having become much emaciated and very weak, the Strychnine combination was given without opium; he began to improve after the first dose, ($\frac{1}{26}$ gr. Strychnine) and when he had taken twelve was perfectly well.

Besides Dr. Lovett, of all those who last autumn obtained medicine from me, Dr. Eccles of Arkona, was the only medical gentleman to whom I sent the Strychnine combination. I did so in consequence of his mentioning that the epidemic of Dysentery in his locality was very severe. I would have sent it to all my correspondents had I then had more experience, and had not an explanatory letter, which I had not leisure to to write been required with each sample. The quantity sent to Dr. Eccles was very small, and was used in one pretty severe case, aged 50 years, 16 or 18 bloody stools daily. A dose containing $\frac{1}{26}$ gr. of Strychnine was given six times in 24 hours, and four grains of opium in the same time for two days. After this the intervals were rapidly lengthened; the effect of the medicine was satisfactory, and the result successful. In this epidemic there were a number of failures, but notwithstanding, Dr. Eccles writes: "I am quite certain that I have never used any medicine in the treatment of epidemic dysentery that I am so well pleased with, and that can attain the same results as the Digitalis and Squill combinations."

Dr. Eccles and some others suggest that the medical gentlemen who have favoured me with reports given in my printed papers, had not met with severe epidemics. Looking to the years over which these extend, and the severity of many of the cases, this solution seems to me untenable. My suspicion is that the failures were owing to a change going on in the epidemic constitution of the disease, heralded possibly by the want of success of the Digitalis and Squill combinations in the case of nursing sore mouth, and two years ago in a few cases of Scarlet Fever, as mentioned in the Dec. LANCET, both diseases being affections of the mucous membrane. Most medical men having 25 years experience must remember epidemics differing in their characters; these have been so striking that authors have uttered warnings that a medicine or practice stated to be beneficial at one period and found to fail at another is not to be condemned, as it may at one time have had all the efficacy attributed to it. No disease illustrates this more strikingly than Scarlet Fever. Upwards of 30 years ago respectable writers proved conclusively that the Scarlet Fever of that period was inflammatory and benefitted by bloodletting. I remember the anxiety every case of Scarlet Fever gave me, and my happiness from the change of treatment. I had been losing numbers, but in the remainder of that epidemic I bled every patient, treated about 30 and did not lose one. Two years afterwards there was another epidemic, and I commenced to bleed, but was soon deterred from proceeding by the rapidity with which the patients sunk. Dr. Hartshorne, (Watson's Practice of Physic 1872), recalls cases in the early part of his career benefitted by bloodletting. Adopting the opinion that last autumn the epidemic of Dysentery had changed its character in a number of instances in some parts of the country, not in others, tnere is no difficulty in accounting for the failures; an epidemic is fatal not because it is essentially severe, but because the treatment is unsuitable. The gardener's case (Sept. LANCET) was not very severe, not nearly so dangerous looking as many whom I have seen speedily relieved and cured by the Digitalis or Squill combinations, but the effect of these was to aggravate his disease, and bring on an approach to narcotism. It is worthy of notice that his two daughters, who were seized while waiting upon him, were easily cured by the squill combination. At Arkona, last autumn, there were severe cases cured by

these combinations, and cases which altogether resisted them. I know of no symptom by which we can determine the type of the disease, and hence the appropriate medicine. When the Digitalis or Squill combinations suit, and the dose adequate, ralief is speedy, in an hour or a few hours at farthest; if by that time there is no relief the Strychnine combination may be tried and found suitable. The cases of the two little brothers, ill with Dysentery about the same time, indicate that there is an essential difference in the nature of the two varieties; the Squill combination failed with one, but the Strychnine readily cured him, this failed with the other and the Squill succeeded.

In attempting to form some idea of the nature of the change in the type of Dysentery, perhaps aid may be afforded by attending to the nature of the medicine which has been so far successful. It was compounded without a suspicion that it would be applicable to diseases of the mucous membrane, and as indicated by the new selections was intended solely for nervous diseases. Is it allowable, therefore, to conclude that the incoming type of Dysentery differs, from that which has prevailed for years, in being to some extent a nervous affection? If the case of nursing sore mouth may be taken as an illustration, the affection of the nerves is local, for the Squill combination relieved the stomach, but the Strychnine was required for the mouth. Upwards of thirty years ago Nux Vomica was strongly recommended in the treatment of Dysentery, if I remember, by an English practitioner of note, and was said to have been successful in numerous cases, *(British and Foreign Quarterly Medical Review)* but as no notice is taken of this either by Sir T. Watson, or his American editor Dr. Hartshorne, I suppose that the practice has fallen into desuetude. Is it possible, that at the period Nux Vomica was alleged to be successful, an epidemic constitution, similar to that of which a number of cases occurred here last autumn, prevailed in England, and that constitution having long ceased, Nux Vomica or Strychnine in Dysentery has possibly come to be looked upon as a delusion?

The formation of another medical combination re-opens the question of compound medicines as compared with simple. Dr. Elliotson advocated the latter on the ground that the effect of the agent employed could thereby be better determined. A patient might very justly reply, "this may be very interesting to a medical man, but I am interested in obtaining the medicines which shall most quickly and certainly cure me." I am satisfied that no single ingredient nor ingredients taken from any one natural order could accomplish what I have claimed for the three combinations. A single medicine too, points to nothing beyond; it succeeds or it fails without indicating an advance, whereas the Digitalis and Squill combinations, in consequence of being compounds, formed stepping stones as it were for the Diuretic, and subsequently for the deobstruent combination, and this last for the Strychnine. I am inclined to think that as the tissues of our frame touch each other, so must their diseases, and as the diseases, so must their remedies, if we can only find the points of contact. We do not see absolute simplicity in nature. Suppose a person to fancy that the most nutritive food is to be found in a single principle, gelatine, for instance, he would soon find himself mistaken, and would be compelled to add one by one all the others; in fact, he would repeat in diet what I have done in these medicines. Whether I have succeeded in gaining the best arrangement, or the best selection of the medicinal substances, farther experience may determine, but when we see order manifested in every department of science, can we refuse our assent to the belief that in compounding plants for medicinal uses there must be order also.

[If any of our readers should wish to examine into the merits of these remedies, they will find mention made of them in the United States Dispensatory, page 1576, latest edition. Reference is also made to Dr. Kerr's investigations.] Ed. Lancet.

CASE OF OVARIOTOMY.

BY A. GROVES, M.D., M.C.P.S., FERGUS, ONT.

The patient, Mrs. McLean, aged 40, the mother of ten children, first noticed a lump in the left iliac region, in January, 1873, about a month after her last confinement. She was at this time troubled with Leucorrhœa. In may following she suffered from acute pain in the lower part of the abdomen,

principally toward the left side. For this she was treated by the late Dr. Munro, an accomplished physician of large experience. This attack subsided in a few days and she began to enlarge rapidly. I first saw her on the 30th of July, and found a tumor filling the whole abdomen. On careful examination I decided that it was ovarian and monocystic. On the 22nd of September, the respiration being much interfered with, I advised her to allow me to tap the tumor. She, after some persuasion, consented to this, and I then asked Dr. Tamblyn of Douglas, where she then resided, to be present. First, to make assurance doubly sure, the needle of the hypodermic syringe was passed into the tumor and about a drachm of fluid withdrawn; then a small trocar and canula was used, and there flowed away about twenty-five pints of a clear, highly albuminous fluid. She now lived in tolerable comfort for some time, but the fluid re-accumulated, and it was found necessary to tap again on the 4th of January, 1874, and again on the 27th of February. I now strongly advised Ovariotomy, as her health was failing fast. She consented to allow an operation, but before the day appointed her courage gave way on account of the advice of outsiders, and I was compelled to tap her once more on the 27th of March. After this she was too weak to sit up more than a few minutes at a time, and seeing that death was certain unless immediate relief was given, I obtained her consent, and proceeded to operate on the afternoon of the 5th of May, in the presence of Drs. Clark, of Guelph, Middleton and Paget, of Elora; Smith, of Drayton; Tamblyn, of Douglas, and Alexander, of Fergus. The patient having been put under the influence of chloroform, I made an incision extending from the umbilicus to the pubes, and after carefully dividing the tissues, the tumor bulged forward through the wound, and at the same time a large quantity of ascitic fluid escaped. The tumor was found to be adherent to the left wall of the abdomen, the uniting band being about four inches in diameter and very firm. I now evacuated the tumor with a large trocar and canula, broke down the adhesion and withdrew the sac. The pedicle was short, and it was decided to secure it by passing a silk ligature and tying it in two parts. This was done, but on dividing the pedicle a vessel spouted freely and I at once passed a strong needle carying a carbolized cat-gut ligature which I had intended to use in the first instance. On tying this all bleeding ceased, the ligatures were cut off short as advised by Tyler Smith, and the pedicle dropped into the abdomen. The abdominal cavity was now carefully sponged out, all the water used during the operation being slightly impregated with chloride of sodium and carbolic acid. The wound was brought together by eleven silver-plated steel needles, made to pass through the whole thickness of the abdominal parietes including the peritoneum. Over the needles a thread was wound in the form of a figure of eight. No other sutures were used, and no strips of plaster were applied, but simply four or five folds of soft cotton saturated with a solution of carbolic acid over the wound, then a pad at each and a bandage drawn pretty tightly. Before closing the wound I inserted a rubber tube in its lower angle of the size ordinarily used for nursing-bottles. This drainage tube was about two feet in length and was found to answer the purpose admirably. Of course there was not enough fluid to keep up a constant flow, but I found it quite easy to pump out 4 or 5 drachms every 3 or 4 hours by making use of the elasticity of the tube. An hour before operating I gave one third of a grain of morphine, and a similar dose afterward whenever there was any uneasiness. The patient passed a good night, slept well, and passed her water without the catheter.

May 6th. Patient free from all pain, pulse 104, tongue moist and quite natural in appearance troubled a little with irritability of the stomach. A considerable quantity of fluid came away by the drainage tube.

May 7th. The condition of the patient very favourable, but complaining of slight pain in the abdomen. I now applied over the abdomen a rubber tube made into the form of a circular mat, and kept a stream of cold water running through it, at the same time containing the morphia. The pain soon subsided and in ten hours the tube was removed.

May 8th. The same favourable condition continued, and every day afterward was still more favourable.

On the fourth day the bowels moved, and on the seventh I removed five needles and found the wound united throughout. On the eighth day I took out two more needles, and on the ninth the remaining four, applying strips of adhesive plaster after the removal of each needle.

On the 14th day she sat up, aud on the 20th was able to go down stairs, and on the 5th of June, one month after the operation, she walked down town and went slopping.

Remarks.—The progress of the above case was most satisafctory. The patient at the time of the operation was greatly emaciated and so weak as to be almost unable to stand, the feet and legs had been œdematous for two months, the appetite almost gone, and the tumor, which filled the whole abdomen from the pubes to the ensiform cartilage, was filled with a fluid which was so albuminous as to become almost solid on heating, and yet after the operation recovery was rapid, uninterrupted and complete.

There was one point of detail in this case which I think of considerable importance in any serious operation but which is not mentioned by the authors so far as I know. It is this—that I had all the water used during the operation boiled and allowed to cool, and then slightly disinfected. By taking these precautions all risk of introducing the seeds of after trouble by means of the water necessarily used, is avoided. This risk might by some be looked upon as quite chimerical, but surely when the germs of Typhoid Fever and other diseases are introduced very often with the water we drink, and those germs are so tenacious of life as to pass through the stomach uninjured, there may be some danger in introducing water which may be impure into the peritoneal cavity.

This is a point which appears to me to be worthy of at least as much consideration as the disinfection of sponges, ligatures, etc., and one which does not seem to have, hitherto, received the attention its importance merits.

Correspondence.

To the Editor of the LANCET.

SIR,—I possess the following diplomas: M. R. C.S., Eng. L.M., London L.S.A., Lond. L.K.Q.C. P., Ireland L.C.P.S., Lower Canada and registered in England, and yet, without payment of further fees I am, by virtue of the Ontario Medical Act just passed, an illegal practitioner in Ontario, cannot recover fees, and can be fined from $25 to $100.

It is strange that a good legal opinion was not taken before embodying this Act, with regard to the rights of medical practitioners who are registered according to the Imperial Medical Act.

This states in schedule 31, that "Every person registered under this Act shall be entitled according to his qualification or qualifications to practice medicine or surgery, or medicine and surgery, as the case may be, in any part of Her Majesty's dominions, and to demand and recover in any court of law, with full costs of suit, reasonable charges for professional aid, advice and visits, and the cost of any medicines, or other medical or surgical appliances rendered or supplied by him to his patients."

It may be interesting to your readers to learn the opinion of the authorities on this point.

In July, 1860, Dr. Wm. J. McNiece of Milton, Canada West, wrote to the Medical Council of England, complaining of a Local Act which, as it now does, ignored the Imperial Act. After some delay in applying to Canadian authorities, the following reply was made:—

Downing-street, Sep. 13, 1861.

"SIR,—I am directed by the Duke of Newcastle to state that he has referred to the Government of Canada the complaint of Mr. McNiece that he is required by the law of Canada to pass an examination before receiving a license to practice medicine, being entitled to such practice independently of any Examination by an Imperial statute of 1858. I learn that the Canadian Government consider themselves precluded by the terms of their local statutes from issuing this license, nor have the Imperial Government any means of compelling them to do so, or of obtaining an alteration of the local law. The Governor points out, however, that if the Imperial Statute has given Mr. McNiece the power to practice without reference to the Provincial Act, he wants no Provincial license to enable him to do so."

I am, Sir, your obedient servant,

FREDERICK ROGERS."

The Medical Council therefore reported as follows with regard to numerous complaints from the various colonies:—

"It is, however, clear that where restrictions are imposed on practice by local acts, no such restrictions can have any effect on persons practising in the colonies who are registered under the Medical Act Victoriæ xxi. & xxii., cap. xc."

There is a clause in the Ontario Medical Act which by the above quoted decision of the Gover-

nor and of the English Medical Council will be of no avail against practitioners registered in England. I refer to S. 26, "Any person entitled to be registered under this Act, but who shall neglect or omit to be so registered, within six months after the passing of this Act shall not be entitled to any of the rights or privileges conferred by registration under the provisions of this Act, so long as such neglect or omission continues, and he shall be liable to all the penalties imposed by this Act or by any other act which may be in force against unqualified or unregistered practitioners."

Therefore, notwithstanding the above clause I can violate the Ontario Medical Act with impunity. Non-registered I can practice and recover fees. Non-registered I cannot be proceeded against as the Act declares for illegal practice, and indeed as far as practitioners like myself are concerned the Act is not only a dead letter but a gross insult. Whilst the quack errs with impunity, and can evade the law with ease, this Ontario Act calls a man with five diplomas (equal to any in Canada) an illegal practitioner, and threatens him with heavy fines unless he is content to be mulct of about $10.00, and $2.00 a year in addition, for registration.

The Act is an insult to professional men from the mother country, and a sample of greater ignorance than is usually exemplified even in Acts of Parliament.

If I am mistaken in my reading of the Act I shall be thankful for correction.

I am, Sir, yours obediently,

AN ILLEGAL PRACTITIONER WITH FIVE DIPLOMAS.

To the Editor of the LANCET.

Toronto, May 21st, 1874.

SIR, — There appears in the last number of the CANADA LANCET an article entitled "Druggists *vs.* Physicians." The *true* facts of the case are as follows: An old friend brought me a physician's prescription to have it prepared, which I did, and labelled it according to directions; the medicine is taken home, and in the meantime Dr. Constantinides is called in and shown the prescription and mixture, whereupon he (the Dr.) immediately tells the gentleman that if his mother had taken that medicine "it would have killed her in one hour," this intelligence had the effect of startling the patient's family considerably, who quite naturally put the blame on the dispenser, and sent me word to that effect.

Supposing the Dr. had spoken the truth on this occasion (which he did not), it was certainly a very unthoughtful way of speaking to a patient, and my large circle of friends, including members of the patient's family, who were made aware of the circumstances, when they were satisfied that the blunder lay altogether with the Dr. and his unguarded speech, which very naturally excited them so much, was a false alarm, advised me to take legal proceedings against him for interfering with my business. However, I did not, but I instructed my lawyer to write him, which he did, and as you sarcastically remark, "modestly" requested the Dr. to write me, stating that he was wrong in condemning my dispensing. So although, if he was at all of an enquiring mind, he must have made himself aware of the dose of Liq. Arsenicalis by this time, and known that he had exposed his ignorance and thereby lost the confidence of at least one patient, still he was not gentleman enough to acknowledge it. So, I preferring not to have anything to do with him, let the matter drop, and I can assure you that I was not a little surprised to see your bitter article in the LANCET, in which Dr. Constantinides' ignorance is aired before the whole medical profession. And now, in my defence, I have only to state that the crime that brought this article against me is that I dispensed the following physicians' prescription :—

℞—Iodine, grs. vj.
Pot. Iodidi, ʒj.
Fowler's Sol. Arsenic, ʒss.
Syrup Simplex, ʒvijss.

and plainly directed a teaspoonful to be taken twice a day after meals.

And now I believe that any medical man in Canada, except Dr. Constantinides, would see at once that I was not wrong in dispensing such a prescription. It certainly would not kill a patient in one hour, and it is a minimum dose.

And now one word on labelling poisons. You state that I am a transgressor of the law because I did not label the mixture "poison;" now, I think you are completely mistaken, or at least wrote very unadvisedly on this point; at any rate I do not think the "meaning of the act" requires us to label "poison" every mixture we prepare from a physi-

cian's prescription that might contain tinc. nux vomica, tinc. opii., liq. strychniæ, or any other poisonous substance, although in proper doses, and I am very sure medical men would not like to have medicine sent home to their patient's labelled "poison" in large letters, as you propose. Thanking you for the space you have given me in your valuable journal,

I remain yours truly,

HUGH MILLER.

MALPRACTICE IN MIDWIFERY.

To the Editor of the LANCET.

SIR,—A short time ago a healthy, robust woman, a native of Ireland, who resided in the County of Lanark, was, during her first pregnancy, affected with profuse epistaxis, and a young man who practised a short time in Montreal, and published a pamphlet on Asiatic cholera, the greater part whereof consisted, in my opinion, of excerpta from the publications of his contemporaries, was called to her assistance.

After trying a few simple remedies which were ineffectual in arresting the hemorrhage, he told the patient, "That her life would not be saved, by any mode of treatment, but by immediate delivery." The patient unfortunately consented to allow him to induce labour, and he forthwith commenced his butchery by forcibly dilating the vagina and os-uteri. The screams of the patient were heard at a considerable distance from her bed chamber, and she repeatedly solicited him "to desist and allow her to die in peace." He, however, persisted till the female attendants urgently requested him "to let her alone," he then, when alas too late, withdrew his hand, and in less than an hour thereafter death terminated the sufferings of the unfortunate patient,

Respectfully yours,

Carleton Place. WILLIAM WILSON, C. M.

[Will the *Globe* and other journals of similar views say in the face of such instances as the above, that the public need no protection against the ignorant charlatans that infest the country.] ED.

Selected Articles.

CLINIC ON DISEASES OF WOMEN.

BY PROF. T. G. THOMAS, NEW YORK.

SCARCOMA OF THE UTERUS (SUSPECTED).

You would do well to watch this patient narrowly. Notice the complete debility. I know the first thought that enters your mind is that she has carcinoma, which she has not. When the case is examined, you would be very likely to tell your patient confidently that you can cure her, and the chances are that you would be very much mistaken. If I had seen and understood a case like the present long ago, I would have made fewer mistakes than I have.

M. O. T., aged forty, single. Up to the present has menstruated. During the last two years complained of pain in the legs and back. Has also complained of metrorrhagia, but never was examined before yesterday.

Vaginal Examination.—The crevix is open and admits the tip of the finger. The uterus is in position, and measures two inches and a half. There projects down into the cervix a mass, and around this mass you can sweep the finger. The sensation it gives the finger is that it is hard and round. My opinion is that, although this resembles polypus, it is not polypus, but another variety of growth that has only lately attracted attention. I refer to uterine sarcoma.

Paget refers to this class of tumor as recurrent fibroid of the uterus, and describes the variety as being of a nature that easily breaks down, and when it has broken down proves a mass that resembles fungus hematodes. If removed it will return again and again. Eventually the death of the patient resembles that of carcinoma. Beware, in excluding this disease. That which makes me suspect it to be a sarcoma, is the fact that there is so grave constitutional trouble arising from such a small tumor. The microscope alone can settle the matter. True carcinoma is heterologous with the tissue from which it developes. Uterine fibroids are the reverse of this, whereas sarcoma holds middle ground, as being composed of connective tissue and cells, but the connective tissue in sarcoma is in much greater quantity than in carcinoma. That is about all I know on the subject, and I think it is about all that is known. It is only in the recent works that it is mentioned, and I do not think that it is mentioned in all of them. Some years ago I published six cases of carcinoma, and I feel confident now that four or five of them were sarcoma, from their development. I hope I may be mistaken about this, but I shall remove or confirm my suspicions by operating on the case. The operation

will be to slit up the cervix and either enlarge the mass or strip it from the uterine wall. If it is a fibroid, this may be done easily, but by no means so if it is a sarcoma. Mathews Duncan has reported a case of this kind. When the mass breaks down and leaves a bleeding stump, the hemorrhage is usually very profuse.

RECTO-VAGINAL FISTULA.

Mrs. X, aged thirty-one, married; has had two abortions, the last one five years ago. Eight months since detected, for the first time, an escape of air from the vagina. Shortly after this there appeared fecal matter.

Vaginal Examination.—About one inch from the anus there is found an opening existing between the rectum and vagina. The sphincter of the anus is perfect. This class of fistula is usually caused by a fish-bone, or some other irritating substance resting on the rectum and ulcerating its way through. Syphilis is a very common cause of it, though no trace can be detected in this patient. Vesico-vaginal fistula, on the other hand, is nearly always the consequence of parturition, and usually caused by the head of the child pinning the fold of the bladder to the pubes for a sufficiently long time to cause a slough.

Treatment.—Before operating evacuate the bowels thoroughly, and for this purpose catharsis should be extended for a period of ten days or two weeks. The reason of this prolonged catharsis is, one or two evacuations of the rectum do not by any means remove the fæces from the whole intestinal tract, but when you have thoroughly evacuated the bowels the patient may be kept constipated for a week without any difficulty. To produce the effect a cathartic pill may be given every eight or ten hours. What is true in this case, as to the advantage of producing complete catharsis, is also true before operating for ovariotomy.

Operation.—The patient is placed on the back, and Sims' speculum introduced so as to press up the anterior wall of the vagina; retractors are then introduced, so as to keep the sides of the vagina crowded back. Then the finger is introduced into the rectum and the fistula brought forward and exposed. This case was operated on before, but it was a failure. In operating it is important to make a wide base, into which the sutures are inserted; there is great danger of making too narrow than of too broad a base, as far as the success of the *operation is concerned.*

SUB-PERITONEAL FIBROID OF THE UTERUS.

A. D., aged thirty, widow, negro; has been sick for the past fifteen years; complaining of pain in the lower part of the abdomen, in the back, and in the lower extremities; has also had menorreagia.

Vaginal Examination.—The cervex is large, and patulous, and low in the vagina. On introduction of the sound the uterus is found to measure three and a half inches in diameter. Posteriorly to the uterus there is a large mass which presses on the rectum. When pressure is made on the womb it moves up, and carries this mass with it. It is, therefore, not cellulitis. One of the ovaries also dislocated. The tumor posterior to the uterus and attached to it is a subserous fibroid. I think it is that, from its connection with the uterus, from the peculiar feel it gives to the finger, and lastly, from the race the patient belongs to.

Treatment.—The medical treatment of subserous fibrnids is not uery promising, to say the least. It may then be asked what is the good of knowing that this is the true state of affairs, when we can do nothing. Simply this: it keeps us from treating a case like this when we know treatment will cause trouble. For fibroids ergot is the best remedy; but in a case like the present, when the tumor is completely external to the body of the uterus, any influence exercised on the fibres of the organ can do but little benefit to the tumor. When the patient ceases to menstruate the tumor will give her less and less annoyance. By applying a pessary the heavy uterus might be kept up, and the disagreeable symptoms of which the patient complains be removed. Beyond this treatment would be useless.—*(Phiia. Med. and Surg. Reporter.)*

NASAL POLYPUS.

Dr. Keyes exhibited to the New York Pathological Society (*Medical Record*, April 15, 1874) a young man upon whom he had operated for the extraction of a nasal polypus (myxoma). The growth commenced, seven years before, in the right nostril, and continued to increase gradually for four years, at the end of which time it was extracted by means of the polypus forceps. No relief followed; and the tumour, which evidently had not been extracted entire, continued to increase, and three weeks ago the patient consulted Dr. Keyes. The right nostril was then entirely occluded, and there was considerable deformity on the external aspect of the nose. An attempt was made to find the pedicle by the use of a probe, but without success. It seemed to be high up, and very long. Extraction with the long forceps was done, and as much of the tumour as could be reached was torn away. No relief followed. It was then discovered that a large remaining portion of the tumour was situated in the posterior nares. The patient being etherized, the forefinger of the left hand was introduced its whole length into the right nostril, which was unusually small and very dilatable. The forefinger of the right hand was then introduced into the

mouth ; the tumour which was already well pushed back, was easily hooked backwards, and removed entire. The attachment was found high up on left side. Thu polypus itself contained in its substance two cavities of pus.

The interest of the case consisted in the felicitous method of operating, and in the apparent *à priori* impossibility of introducing a moderately large finger with such ease into a small nostril.

In reply to a question from Dr. Knapp, as to whether the method of operating was original, he remarked that he had obtained the idea from Prof. Frank Hamilton, who had been accustomed to employ a similar procedure in such cases.

Dr. Sell remarked that Prof. Billroth performs the same kind of operation.—*Med. News and Library.*

THE BRAIN POWER OF MAN—HAS HE TWO BRAINS?

BY DR. BROWN-SEQUARD.

The lecturer was appropriately introduced by Professor Henry, who stated that the lecture was one of the series generously provided for by Dr. J. M. Toner, for the discovery of new facts in medicine.

Dr. Sequard commenced by saying that his views, he hoped, being somewhat novel, would command attention. The facts he would dwell upon were new, probably would not be generally accepted, and perhaps would not be easily understood, by those not familiar with medicine.

Have we two brains? and, if so, why not educate both? The views of science upon this subject were different from his. The left side of the body was the side affording volition to the brain, and, *vice versa*, the right side of the brain afforded volition to the body. Eminent authorities had declared that either side of the brain was competent for this purpose.

But we use only one side, and, therefore, leave out of account one-half of brain matter. We owe due education to both sides of the brain, or, rather, to the two brains.

As to intelligence, the eminent authorities he had cited established the fact that either side of the brain was competent for full development of the faculties. There were many persons of two minds, because they were never able to make up their minds. Some men claimed to be rational while they were insane. There were many cases that show clearly that there were two brains. He had known a boy in London that manifestly had two brains, whose peculiarities he described. He would fall into a comatose state, and suddenly open his eyes brightly, inquiring of his mother why he was not introduced to the gentleman who was present while he was asleep. Again, the lecturer saw him when the boy recognized him. He had two mental lives. He knew nothing of what occurred in his sleeping condition, when fully awake ; and when in the latter condition, he knew what had occurred when in the former. The lecturer had seen three cases of this kind.

As regards faculty of speech, the fact that we had two brains was not so easily proved. The loss of the faculty of expression depends upon disease of the left side of the brain ; and this proves that the right side is distinct.

As regards sight, a theory has been put forth by a celebrated physician of London that the right side of the base of the brain is the centre of sight. The inner half of the right eye and the outer half of the left eye have the base of the brain as the centre. A disease in the left side of the brain, where the optic nerve touches, would therefore affect only one-half of the brain. Notable cases were given in which parties had seen but one-half of certain objects that they gazed upon. If the disease exists only in the left side of the base of the brain, only one-half of the eye will be affected. So there are many cases that go to sustain the philosophers. But we do not accept conclusions unless theory is thoroughly supported.

There were three series of facts, but one would be enough, to show that the theory should be rejected. Diseases of the brain, where the optic nerve touches, would not be sufficient to cause loss of sight. One side of the brain would be sufficient to sustain sight. An alteration of any portion of the nervous system, acting upon other parts, can produce disease in that part. Injury to the spinal cord would produce loss of sight on either side. There was nothing more common than the loss of sight temporarily in children who suffered from worms in the stomach. An injury in one half of the brain can exist without producing loss of sight. Either half of the brain may, therefore, serve to sustain sight.

As to the voluntary movements, these depended upon the action of the body. Yet there were many small muscles which were not affected in cases of paralysis. There were cases on record in which it was shown that the lower lobe of the brain could be destroyed without affecting these voluntary movements. There were several such cases. We must, therefore, look on one-half of the brain as being sufficient to sustain voluntary movements on both sides of the body. An irritation in any part of the brain may affect any part of the body, and an irritation in any part of the body can produce paralysis in another part. The irritation could also act upon remote parts. This shows that the power of will does not control the entire action of the body. When paralysis occurs it depends upon irritation.

The same reasoning applies to sensation. There were thousands of cases affecting the brain that did

not affect the feeling. Passing these facts in review, we find vast differences, owing to the fact that one half of the brain was developed for certain things and the other half for other things. To the left side of the brain belonged the faculty of expressing ourselves by speech. Articulation, depended in great measure upon the left side of the brain. Difficulties in the mechanical point of speech were more frequently found when the left side of the brain was diseased. It was the mental part that was lost, and not the mere mechanical action. The left side of the brain was also the motive power of gesture. When the left side was diseased, patients lost the power of gesticulation.

As regards writing, it was lost more frequently in diseases of the left side of the brain. The right arm was paralyzed by diseases of this side. Many thus diseased could not write from memory, although they could use their fingers and copy. In those cases it sometimes occurs that persons could not write at all.

Intelligence depends more upon the healthfulness of the left side than of the right side of the brain. The right side of the brain in some cases has the power of the left, if properly developed. This serves to hysterical developments and to nutrition of the body. One, the left, applies to mental; the other to the natural life.

The right side of the brain operates upon the limbs in cases of paralysis and other diseases; also, upon disturbances in the lungs, the liver, and other parts. Hysterical and emotional symptoms are more common in cases of disease of the right side of the brain; out of 120 cases of paralysis that came under the lecturer's observation, there were 96 caused by disease of the right side. An alteration of the retina of the eye will come more frequently from disease of this side of the brain. Out of 69 cases of convulsions of the eyes, 47 were due to disease of the right side. Death occurs much more frequently by disease of the right side of the brain, and in case where patients do not die, it will produce more extensive and enduring paralysis.

All this shows, not that the two sides of the brain differed originally, but that there were different developments of each. The left side of the brain was much larger than the right side. If a person went frequently to the same hatter, he would find that his hat had from time to time to be enlarged. There was no question that the brain grew. By studying a particular subject the person became more proficient, and the brain was more fully developed.

There was no doubt that the left side of the brain predominated in our system. Our being right-handed showed it. There was no population in the world that was not right handed. The right hand of the body was mostly used. Left-handed individuals used the right side of the brain, showing the connection between these things.

There was primitively a difference between the two brains. In children, convulsions were sooner developed in the left than in the right side of the brain. This was attributable to excess of blood in the left side. Parrots roosted on the right legs, and their talking power came from the left side of the head.

There were four vital points to be considered. The first was that asphyxia was connected with the left side of the brain in persons that were right-handed, and with the right side in those that were left-handed. The second point was that children who were first learning to talk, if disease came in the left side of the brain, learned to talk just as well with the right side of the brain. Though loosing half of the brain, they got along just as well.

This proved that the right side could be educated, with the left hand for execution. The third point was that four out of every hundred left-handed persons learned to write with the left hand; therefore, the left side of the brain, even with persons left-handed, could be educated better than the right side. The fourth point was that the leg was rarely so much affected by paralysis as the arm. He, however, would pass over this argument, as it could only be understood by medical men.

If the lecturer had established that we had two brains, then they should be developed. If we could develop the legs and arms of both sides, we could develop both sides of the brain. If we gave as much attention to the left side of the body as we do to the right side, we would fully develop our two brains. The important point, therefore, would be to make children use both sides of the body—alternately using the right and left arm and the right and left leg equally. There would be no difficulty in thus training children to full development.

Even adults who had lost speech by disease of the left side of the brain, could regain the power by cultivating the right side. In gesture, persons who had lost the use of the right arm could be trained to use the left. If children were thus trained, we would have a sturdier and healthier race, both mentally and physically.—*Cincinnati Lancet and Observer.*

AVELING'S APPARATUS FOR IMMEDIATE TRANSFUSION.

The apparatus consists of the following: an India-rubber bulb, oblong in shape, and of sufficient size to contain two fluid drachms; India-rubber tubes six or seven inches in length attached to the extremities of the bulb; and stopcocks attached to the outer extremes of the tubes. Also,

two silver tubes: one, bevel-pointed, called the afferent tube (seen at A), which is to be inserted into the vein in the arm of the patient; the other round-pointed, called the efferent tube (seen at B), which is to be inserted into the vein in the arm of the donor. Also, a pair of fine forceps and a scalpel.

MODE OF OPERATION.

First, place the apparatus in a basin of tepid water, and, while completely under the water, for the purpose of filling it and insuring its cleanliness, compress and expand the bulb until the air contained within the bulb and ruber tubing is completely expelled. When the air has been completely expelled, and while the apparatus is yet remaining beneath the surface of the water, turn the stopcocks at both extremities of the rubber tubing in such a manner as to entirely preclude the possibility of air gaining access to its cavity. The patient having been brought to the side of the bed and the arm made bare, a fold of skin over, a vein at the bend of the arm is to be raised, transfixed, and divided. The vein now brought into view is to be seized with the fine forceps, slightly raised, and a small opening made into it for the reception of the bevel-pointed silver or afferent tube. This tube, which has been lying in the basin of tepid water, should carefully be kept filled with water when it is removed, by placing the thumb or finger over its larger opening.

The tube, now being filled with water, has its bevel-pointed extremity at once inserted into the opening already made in the vein, and is then entrusted to the care of an assistant (A), who carefully compresses the edges of the wound around the tube, and at the same time holds his thumb or finger over its larger opening to prevent the escape of the water.

While the operator is performing this part of the operation, an assistant should prepare the arm of the blood-donor in the same manner as for venesection. An opening is then made into the vein, and round-pointed or efferent tube at once inserted with its point towards the fingers. The donor should then be seated in a chair at the bedside of the patient. It is better not to secure the tubes in the veins by ligatures.

The India-rubber portion of the apparatus, thoroughly cleansed, air perfectly expelled, and completely filled with water, is now to be carefully and closely adjusted to the two tubes in the veins. When adjusted, the stopcocks are turned straight, and transfusion is commenced by first compressing the India-rubber tube on the efferent side (donor's) and then squeezing the bulb which forces two drachms of water into the afferent vein. Next, while the bulb is compressed, shift the hand and compress the India-rubber tube upon the afferent (patient's) side. Then allow the bulb to expand slowly, and blood will be drawn into it from the donor's vein. When the tubing and bulb are filled, bring the hand back, compress the tube, follow this by compression of the bulb, and two drachms of blood will be thrown into the afferent vein. In this manner the process can be repeated any number of times desired, rapidly or slowly, and the exact amount of blood transfused can be known by counting the number of times the bulb has been emptied, and subtract one, which accounts for the water first used.

The advantages claimed for this method of transfusion are:

(1.) The chances of coagulation are small, because the blood is removed from the action of the living vessels for only a few seconds, and glides smoothly through the India-rubber without being exposed to the are.

(2.) The apparatus is effective, simple, portable, inexpensive, and not likely to get out of order.

(3.) The operation is safe, easy, uninterrupted, and a close imitation of nature.—*Med. Record, N. Y.*

TREATMENT OF BREECH PRESENTATIONS

BY R. A. F. PENROSE, PROF. OF OBSTETRICS, UNIVERSITY OF PENNSYLVANIA.

We come now to the all-important subject of the treatment of breech presentations. It is evident, after the description I have given, that the earlier parts of a labor by the breech are tedious; that the danger to the child does not begin, until its body is born, as far as the umbilicus, and the head

engages at the superior strait; it is also evident, though the *earlier* parts of labor may last for many hours without detriment to mother or child, that the *final part*—that is the delivery of the head—*after it begins to engage at the superior strait*, cannot be *prolonged many minutes without necessarily* causing the death of the child. It is clear, too, that at this supreme moment, when the child's fate hangs in the balance, and a very rapid termination of labor *alone* can save it, that, at this supreme moment, the *chief force* of labor, *up to this time*, is suddenly annihilated, and, unless a *new force*, or forces, be applied, either by nature, or by the attendant, the child cannot be saved.

From these considerations, then, we draw the following conclusions. In breech presentations, the *firsl* stage of labor should be *thoroughly* accomplished, before the second stage begins. Hence, we *never* rupture the bag of waters, knowing how very valuable it is in dilating, safely and thoroughly, the external organs; the woman should be kept quiet, so that no movement on her part may cause a premature rupture of this important dilator.

During the second stage of labor, we should make no attempt to hasten the delivery of the breech; it may be hours, especially in a primipara, before the soft and yielding nates overcome the resistance of a rigid perineum; yet this delay is not dangerous, while it secures a *complete stretching* of the structures, through which, at the close, we wish to bring the head with great rapidity. In this part of labor, then, the only precaution necessary is to favor, or cause *rotation of the hips*.

At last, the breech is born; the lower extremities, if not before, are now extended and delivered; these, in a *natural labor*, should be merely supported, and the delivery should be trusted to nature, until the body is expelled as far as the umbilicus. The cord should now be pulled a little down, so that it may not be too much stretched, or, if it be between the nates, it should be freed, and should be brought opposite one of the sacro-iliac symphysis.

About this time the uterine force is rapidly failing, and *new forces* must be applied. One of these *new* and *indispensable* forces is the voluntary bearing-down efforts of the mother. The woman should be directed to use her utmost effort; the emotion of labor should be stimulated, by assuring her that the safety of her child, in a great measure, depends now upon herself. Under this *new* force, the shoulders rapidly descend; the arms, in a typical natural case, flexed, and the elbows in contact with the sides of the thorax; should, however, one or both arms become extended, they must be brought down, in the way I shall presently describe, when speaking of *artificial* breech presentations, or version. As soon as the shoulders have reached the floor of the pelvis, *prompt* and *complete* rotation must be secured by forcing the posterior shoulder into the hollow of the sacrum; this movement places the head *transverse* at the superior strait, in which position, even if it be *completely extended*, there will be ample room to permit rapid descent and delivery. Here, the supreme moment of labor is reached; the process may have lasted *safely*, up to this time, for many hours; but now, a *few minutes of delay* are fatal. The question, then, is, How shall we secure the quickest delivery? The uterine power is lost; traction on the body of the child not only extends the head, but may *damage the spinal cord beyond the possibility of recovery*; a *vis à tergo* is required, rather than *any force from the front*, and we supply this *vis à tergo* by directing the mother to *strain to her utmost*; supporting the body of the child, two fingers should be insinuated along the *side of the pelvis*; the head, recollect, is *transverse*, and placed at the root of the nose, or, if this cannot be done, in the mouth; the fingers of the other hand should be placed supportingly on the *back* of the head. In much less time than I have occupied in giving you these directions, the head descends into the pelvic cavity; *when it has reached the floor of the pelvis*, and *not until then*, the rotation of the occiput to the symphysis pubis should be secured, and, in a few seconds, the mother continuing her straining efforts, the child will be expelled.

All works on obstetrics show the head *rotated, with the face in the hollow of the sacrum, before* it has reached the floor of the cavity; assistance is represented as rendered by the fingers *inserted along the perineum*. The posterior depth of the pelvic cavity is five inches, for the bony pelvis, and four or five inches for the distended perineum, in all, say *nine or ten inches*; hence, it is evident that, when the face is *where the books represent it to be*, viz., in the hollow of the sacrum, your fingers will scarcely reach beyond the coccyx and you *will not be able*, in ordinary cases, to apply them, *as represented, on* the sides of the face.

We constantly meet with cases where the mother cannot supply the necessary expelling power, or does so inefficiently, at the moment, when, the child is doomed to certain destruction, unless delivered rapidly. Here, the almost universal practice is to apply the forceps. An obstetrical writer and teacher can scarcely be found who does not direct, in cases of breech presentation, to have the forceps ready, and when the moment of grave peril comes, to apply them. Now, gentlemen, I wish to be understood, and quoted, as stating absolutely and positively, *that the forceps* are *seldom or never required* in the delivery of the head, in breech presentations. The use of this instrument, so universally recommended, is a *rough, unintelligent* application of *unnecessary* and *badly applied force*. A thorough knowledge of the mechanism and physiology of breech presentations reveals forces amply sufficient to accomplish the, much-to-be-desired, speedy delivery of the head; in other words, *the*

power, in such cases, should reside in the well-instructed brain of the intelligent practitioner, and not be sought for in the rude grasp of his iron instrument.

When you meet with a case of breech presentation, where the head has reached the superior strait, and the mother cannot supply the necessary expelling power, *do not think of the forceps, but apply your hand or hands on the lower part of the abdomen*, or an assistant can make the pressure for you, and *press directly down on the head;* you can, by this proceeding, *apply any amount of a vis à tergo;* you can *supplement entirely* the lost force of the uterus, and the lost force of the mother's efforts. Take this idea, then, with you, that, in almost all cases of breech presentations, the forceps are unnecessary, and that the rapid delivery of the head can always be *easily* and *quickly* secured *by the bearing-down efforts of the mother*, aided, or even *replaced, by the bearing-down efforts of the attendant.—(British Obstet. Journal, Am. Supplement.)*

AN UNNATURAL POSITION OF THE HEAD A CAUSE OF DEATH FROM CHLOROFORM AND OTHER ANÆSTHETICS.

BY G. W. COPELAND, M.D., BOSTON.

In the *Beitish Medical and Surgical Journal* of February 26, I published a short article on the "Styloid Muscles and Anæsthetics," in which I referred the cause of impeding breathing during anæsthesia to the action of the styloid muscles closing the glottis. I also pointed out how the difficulty could always be relieved without making traction on the tongue, simply by tilting the head forward in a natural position, so as to relax these muscles and permit the patient to breathe through the nose.

It has since occurred to me that many of the deaths which have resulted from the use of anæsthetics may have been due to the imperfect knowledge that has existed regarding this matter. The difficulty experienced in keeping the air-passages free has, ever since the discovery of anæsthetics, been the most troublesome and dangerous complication attending their use. All authorities agree that obstructed or impeded respiration is a symptom attended with great danger to the life of the patient, and always requires prompt and immediate attention.

Waring, in his book on Practical Therapeutics, sums up the experience of the profession with chloroform, in the following observations: "Watch carefully the respiratory movements, and the color of the cheeks, lips, and eyes. Signs of danger: lividity of the face, stertorous respirations, irregular, gasping respirations, feeble pulse, death-like pallor." His directions are, "Stop the chloroform, open the mouth, draw out the tongue, and watch carefully."

When we consider the ways in which deaths occur during anæsthesia, we see that these signs of danger have not been so designated without sufficient reasons.

Gant, in his Science and Practice of Surgery, speaks of death from chloroform as follows: "During inhalation death may occur in three different ways: by asphyxia, by cardiac syncope, or by coma.

"Asphyxia is indicated by the ordinary symptoms, lividity and turgercence of the face, violent respiratory efforts, and cessation of the pulse and of the heart's action."

In cardiac syncope "the patient, after a few inspirations, suddenly becomes pale and faint, the pulse beating almost imperceptibly for a few moments, and then ceasing, although the respirations may continue; death taking place by paralysis of the heart."

"Coma presents the same appearance as asphyxia, but without failure heart's action; death resulting from congestion of the brain."

In two of these three modes of death we then see that there is impeded breathing and improper aeration of the blood, as evinced by the lividity of the face. The great mistake up to the present time has been in considering the difficulty with the breathing, a symptom arising from the use of anæsthetics or a sign of full anæsthesia, and not a mechanical obstruction of the glottis from an unnatural position of the head.

The *Lancet* of February 1, 1873, contains a report by the editor of a "Case of Fatal Suffocation from Nitrous Oxide Gas," in which a dentist is related as having administered that agent for the purpose of extracting a tooth. He says "it was not till after the operation was completed that anything unusual happened, but immediately afterwards the face became livid, and the 'features,'" it is said, "commenced to 'swell.'" He refers death in this case to asphyxia.

In a case of death from bichloride of methylene, which occurred at the Charing Cross Hospital in the practice of Mr. Canton, it is stated that "one nostril was closed by the tumor, thus obstructing respiration, and the patient was subjected to the influence of the bichloride in a sitting posture."

In the *Lancet* for September 6, 1873, the editor, in commenting on a death from chloroform which happened in a dentist's chair at Brighton, the post-mortem showing fatty degeneration of the heart, says, "It is one of those cases when death seems to have followed rigidity of muscle, and it is questionable whether asphyxia may not have helped, as it were, the fatal syncope."

It seems to me very plausible that cardiac syncope may be induced by the momentary closure of

the larynx depriving the heart of its natural stimulus in patients suffering from shock of fatty degeneration, or already reduced by disease. It is a significant fact that all the deaths from nitrous oxide gas, and a large number of those from other anæsthetics, have taken place while the patients were in a sitting posture, which would allow the head to fall back farther than if they were lying down, thus favoring the theory that interference with the free action of the lungs may have been the primary cause of death. It must be remembered that closure of the glottis may occur without our attention being directed to those struggling efforts on the part of the patient which would happen were voluntary efforts possible, and the first noticeable symptoms of danger may be lividity of the face or death-like pallor.

It may not be out of place here to refer to the many deaths from intoxication, apoplexy, and coma from whatever cause, as being in some instances hastened. and perhaps even produced, by interference with the respiratory functions from an unnatural position of the head.

There is one other point to which I wish to allude, and it is the importance of elevating the head sufficiently to compel the patient to inhale the anæsthetic through the nares entirely. If deep inspirations be taken through the open mouth, the lungs are inflated instantaneously and just as rapidly emptied, leaving a long interval without any vapor being in the lungs. If the inhalations be through the nares, it takes a much longer time to inflate the lungs and a much longer time to empty them, leaving no interval. Now, the number of respirations per minute is the same either way: it follows that it will require a longer time to effect anæsthesia through the mouth than through the nose.

It appears evident to me that if attention be paid to the position of the head during anæsthesia from any agent, a greater degree of safety will be obtained than has hitherto existed.—*Phil. Medical Times.*

CLINIC ON STRICTURE—INTERNAL URETHROTOMY.

Dr. Brinton, Philadelphia Hospital.

I have next, gentlemen, a very bad case to bring before you, and one which has given me a great deal of trouble. This is the history:—A man, aged 29, contracted, some four months since, a gonorrhœa, which lasted in acute stage some eight or ten days, and has been followed by an exceedingly obstinate stricture. He has been an inmate of this hospital for the last two months. His condition is a very unfortunate one. He can pass no stream of water, his urine dribbles from him drop by drop, and is continuous. He is confined to his bed, and his general health is greatly impaired. I have made repeated efforts to pass his stricture, but I have so far utterly failed in my attempts. I have employed instruments of various kinds, metallic, flexible, and whalebone, but with a like futile result. Two of my colleagues have also essayed their skill, but with no greater success than I have had. I have sought by rest, topical applications and leeching, to change the local condition but without avail.

What shall I do? how can I relieve this man? Before answering this question let me examine him before you, so that we can come to some conclusion as to the nature of the obstruction. I will now carry a Thompson's sound, No. 10 English, down the urethra; I find that its point is arrested at the peno-scrotal angle; I make very slight pressure upon the handle of the instrument; the point then enters the stricture a little, very little way; it "engages," as it is termed. Now placing my fingers on the outside, upon the urethra, I can feel that this stricturing point is apparently an annular bend; above this, for a short distance, the urethra seems to be free, and then still higher up, by firm pressure with my fingers, I can detect a brawny hard mass, surrounding and involving the canal. Thus all this corresponds with and corroborates the information I have already derived from filiform whalebones. It has several times happened that when one of these delicate instruments has penetrated this first stricture, a slight escape of urine has followed its withdrawal. The patient has of late frequently referred his pain to a position just in the rear of this stricture, and I imagine that the urethra is here undergoing dilatation.

My diagnosis in this case is multiple strictures, of extreme tenacity and resistance, with a tortuous, narrowed urethral canal. This patient presents what is ordinarly spoken of as a "tough case." I have decided on my plan of treatment, to-wit, inasmuch as the case is urgent, as the man's constitution is suffering, and the flow of urine is so dreadfully impaired, I shall endeavor to open up the canal by the division of the strictures. First of all, I shall seek by internal incision to overcome the first stricture at the peno-scrotal junction. I show you here an instrument of Charriere, a combination of those of Civiale and Maisonneuve. This canula contains a concealed blade, which, when thrust forward, enables the surgeon to cut from before backward, and when withdrawn, also to cut from behind forward.

Our patient is now etherized, and I carry my urethrotome down to the stricture, against which I press it freely. I thrust the blade forward, and I feel the resistance of the stricturing bands to the edge of the knife. I then withdraw the blade, and

cut towards me. I am quite sure that I am dividing the stricture, and you see when I withdraw the instrument and carry down a sound that I have evidently made some progress. I have passed beyond the first stricture, and I now encounter that behind it, which is evidently the greater and more obstinate resistance. My metallic instrument is now arrested; it will pass no further. I withdraw it, and essay the passage with the whalebone. It may be that I may fail, but I intend to make a fair effort to find the channel of the urethra. If I can succeed it will greatly facilitate my future operations, for I shall then be able to cut upon a guide or to burst the stricture with certainty. The opening of the posterior stricture seems, however, to be as difficult of discovery as was that of its fellow anteriorly. I believe, therefore, that my wisest course will be to desist from further operative interference to-day; to allow the patient to recover from the immediate effect of to-day's cutting, and then carefully and gently to renew my efforts to pass the stricture in the rear. Failing in this I shall most probably resort to external section, a proceeding which seems to me to be less dangerous than the internal division, without a guide, of a stricture situated far down in the canal. In the meantime I shall have the patient put to bed between blankets, and as soon as he shall have recovered from the ether he will take a full dose of morphia and quinine. I trust, and indeed, expect, that he will escape without fever, for so far he has not proved to be very irritable in that respect. At all events, I will keep you informed as to the progress and issue of this case, for I regard it as a very instructive one, and hope little by little, to bring it to a successful termination.—*Philadelphia Med. and Surgical Reporter.*

SUBCUTANEOUS DIVISION OF THE NECK OF THE FEMUR. MODIFICATION OF PIROGOFF'S OPERATION.

Prof. William Pirrie, of Aberdeen, describes as follows, in his late work on surgery, his own modification of Pirogoff's operation:

"The surgeon, standing on the left side of his patient, with the heel, in the first step of the operation, directed towards himself, and having with his left hand taken hold of the softer parts and drawn them a little backward, so as to secure greater breadth of flap, inserts the knife on one side in front of the malleolus, carries it down across the sole of the foot, and upward to the corresponding point, just at the foot and upper part of the other malleolus, taking care to direct the incision so as to pass opposite to the part where the posterior portion of the astragalus rests upon the calcaneum, and to use the knife energetically, so as to cut through all tissues down to the bones. By this single movement of the knife a clearance is made for the saw, by a few movements of which the portion of calcaneum behind the astragalus is speedily cut off from the rest of the bone, the section being from below upward and a little backward, so that the portion remaining in the flap will be a little longer from behind forward, below than above. The assistant having slightly changed the position of the leg, so as to make its posterior part to rest upon the table, the surgeon, by a second movement of the knife, unites the extremities of the first incision by a slightly semi-lunar incision, using the knife boldly, so as to cut through every tissue in front of the bones, and then, by a few slight touches below, admits of the flap being brought back, and makes a clearance for the saw. By a few movements of the saw, the bones are cut through immediately above the ankle, and this extremely simple amputation is completed by little more than two movements of the knife and two sets of movements of the saw."—*Medical and Surgical Reporter, Philadelphia.*

THE CAUSE OF SIMILARITY IN TWINS.—Dr. J. F. Bird, of Philadelphia, writes: It has long been my purpose to call the attention of physiologists and medical practitioners to the consideration of the probable cause of the fac-simile representation of twins. It is a question of considerable interest, that twins should so frequently be so much alike that their parents can scarcely know the one from the other, whilst other persons cannot at all determine which is "*Minnie*" and which is "*Bessie.*" In my experience, and that extends to a number of well-marked cases during a period of over thirty years, I have invariably found that when twins are contained in the same sac and sustained by the same placenta, they have always had a slavish resemblance to each other; whilst those contained in different sacs and sustained by different placentæ are as unlike as children born of the same parents at different periods, however remote. This hypothesis is sustained, not only by actual, positive and repeated observation, but by inquiries made of other observers. In one family there are two cases of twins. The first pair were contained in the same sac of waters and are exactly alike; the other pair were delivered from different sacs and are no more alike than are the other children. I delivered a case also of triplets. Each child was in a separate sac, and neither resembled the other particularly. Let these observations go to the curious or speculative members of the profession for what they are worth. I am satisfied with the theory, and believe that close observation will establish it beyond contradiction.—*Medical Record.*

MINUTES AND PROCEEDINGS OF THE ONTARIO MEDICAL COUNCIL.

ANNUAL MEETING.

First Days Proceedings.

The Council met in the Court House, Toronto, on Tuesday the 2nd ult., at 2 p.m. The President, Dr. Wm. Clarke, in the chair. Dr. Pyne, registrar, called the roll; all the members were present except Dr. Eastwood, representative of the Toronto University, and the Homœopathic members of the Council.

The minutes of the last meeting were read and confirmed.

Dr. Lynn presented his credentials from the University of Ottawa, as its representative, and was received as a member of the Council.

The Council then proceeded to the election of its officers. The following gentlemen were nominated to the office of President, Drs. Wm. Clarke, Lavell, Edwards, Field, (Homœopathist), and Muir, Eclectic. Drs. Clarke and Muir withdrew, Dr. Field was absent, and upon taking the vote, Dr. Lavell was declared elected, and the election was made unanimous.

Dr. Lavell, on taking the chair, said he felt the honour which had been conferred upon him very much, for various reasons. He might well esteem it as a great honour to be placed in this position by his medical brethren, particularly by those who possessed different views, and who belonged to different schools. He desired to state that he would endeavour to discharge the duties of his office honestly and faithfully, and he would throw himself upon the kindness and indulgence of the Council in the discharge of those duties. He knew every assistance would be given to him, and he trusted he would be enabled to perform the duties imposed upon him as impartially and as faithfully as his predecessors had done. He spoke in high terms of the labours of the late President, Dr. Clarke, and announced that he would do all in his power to do as well as he had done.

Dr. Edwards was elected vice-President.

RESIGNATION OF THE HOMŒOPATHISTS.

The following letters were read by the secretary:

TORONTO, 10th Dec., 1873.

"*To Dr. Pyne, Registrar, College of Physicians*
"*and Surgeons, Ont.:*

"SIR,—We, the undersigned members of the Council of the College of Physicians and Surgeons of Ontario, hereby give you notice in accordance with section 11 of the "Ontario Medical Act," that we resign our position as members of that body.

"(Signed), D. CAMPBELL, M.D.
G. C. FIELD, M.D.
WM. SPRINGER, M.D.
E. VERNON, M.D.
J. ADAMS, M.D."

On Motion of Dr. COBURN, seconded by Dr. Clarke, this letter was laid upon the table.

The following letter was next read:

"TORONTO, June 2, 1874.

"*To the Secretary of the College of Physicians and*
"*Surgeons of Ontario.*

"SIR,—I am directed to notify you for the information of the Council that at a meeting of the Homœopathic members of the College held pursuant to notice at Hamilton on the 27th May last, the following resolution was passed: 'That this meeting approves of the resignation of their representatives in the Council of the College of Physicians and Surgeons of Ontario, and having learnt that this resignation has not been accepted, that our said representatives be requested to abstain from presenting themselves at any meeting of the said Council until full justice is done by said Council to Homœopathy both in the matter of the examination of students and of an equality of rights of the representatives in the Council satisfactory to the general body of Licentiates in Homœopathy in Ontario.'

"You will therefore be kind enough to call the attention of the President to our letter of resignation of the 10th December last, and to request him to announce that the late Homœopathic representatives no longer consider themselves members of the Council of the College of Physicians and Surgeons of Ontario.

"I am, Sir,
"Yours Truly,
"J. ADAMS.
"Acting Secretary to meeting of Homœopathic
"members."

It was suggested that this letter also be laid on the table, but Dr. Dewar moved, seconded by Dr. Cornell, that it be referred to a special Committee consisting of Drs. D. Clark, Bogart, Muir, Bethune and the mover, for consideration. Carried.

On Motion Dr. Aikins was re-appointed Treasurer.

REPORT OF BOARD OF EXAMINERS.

Dr. DEWAR, chairman of the Board of Examiners, presented the following report:—The Board of Examiners met pursuant to notice on the 1st of April, 1874, in the Convocation Hall, University of

Toronto, for the purpose of examining students; the examination lasted until the ninth of April.

Seventy-seven students presented themselves for examination. Sixty-two for the primary and thirty-six for the final examination, (some of the students appearing for both.)

Five failed to satisfy the Board. A schedule showing their names and the value of the examinations accompanied the report.

The report was adopted.

STANDING COMMITTEE.

Dr. GRANT moved that Drs. Brouse, Bogart, Dewar and Hyde be appointed to nominate the Standing Committees and report as soon as possible,

The Committee reported as follows:

PRINTING—Drs. Eastwood, Cornell, Lynn, Carson and Morrison.

RULES AND BY-LAWS—Drs. Berryman, Cornell, Hillary and Carson.

FINANCE—Drs. Hyde, D. Clark, Coburn, Strange and McDonald.

EDUCATION—Drs. Brouse, Hyde, Grant, Dewar, W. Clarke, D. Clarke, Aikins, Bogart, Muir, and Hodder.

REGISTRATION—Drs. Lawrence, Bethune, Hodder, Lynn and Bogart.

The report was adopted.

PETITIONS.

A petition was presented from Dr. Thomas Clarkson McConkey, of Barrie, setting forth that he was a graduate in medicine of McGill College, Montreal, and had subsequently received the Diploma of the Royal College of Surgeons, England, and praying to be admitted to registration under the Ontario Act, upon payment of the usual fee.

It was moved by Dr. Dewar and seconded by Dr Berryman, that the petition be received and referred to the Committee on education. Carried.

A petition from Dr. Ellswood Chaffey, upon the same subject was also referred to the same committee.

A letter was also read from Henry Howitt, M.D. M.R.C.S. England, asking that his position might be legalized in Ontario.

A communication was also received from Mr. E. G. Marshall, in reference to his matriculation.

Referred to Committee on Education.

SPECIAL REPORT.

Dr. Muir, Chairman of the special committee to which the communication of the Homœopathists was referred, presented the following report:

The Committee beg respectfully to report:

That the communication from Dr. Adams complaining of the non-acceptance of the resignation of the Homœopathic representatives on the ground of unfair treatment of their section on the part of this council, has been maturely weighed and deliberated on by the committee to which its consideration was referred.

(1) In regard to the resignation of the representatives of the complaining parties this committee finds that as the new act makes no provision for the election of successors until the second Tuesday of June, 1875, it is not advisable to accept the resignations which would virtually leave the Homœopathic body unrepresented for a period of one year.

(2) The Ontario Medical Council regrets that the second portion of the communication accusing this body of unfairness, is in terms so general as to render it a matter of impossibility to estimate at their proper value the charges therein made. The Council has no knowledge of the entertainment of sentiments, other than the most liberal or treatment of the particular section complaining, other than the most impartial. But to any specific charge a considerate hearing will be always given. And your committee would therefore suggest that the members of the Homœopathic Section should avail themselves of the opportunity afforded by the non-acceptance of the resignation just tendered, to lay before the body the precise grounds under which they deem themselves to suffer, with a view to the granting of whatever relief may be within the power of the Council.

The report was adopted.

REPORT OF EDUCATION COMMITTEE.

DR. MUIR presented the first report of the Education Committee, in which it was stated that letters were received and read from English practitioners asking that their position might be legalized in Ontario. In order to meet this and similar cases it was resolved "That the foregoing and all future British qualifications presented between the annual examinations be considered by a Special Examination committee to be appointed by the Board of Examiners from their own number, the expenses to be borne by the candidates."

The Committee also recommend "That the papers of Mr. E. G. Marshall, showing his passage of preliminary examination in R. C. S. England, and also his ticket of registration in the Medical Students' Register of England, be accepted as equivalent to matriculation here."

Reserved for consideration.

ELECTION BY-LAW.

DR. EDWARDS, seconded by Dr. Hillary, introduced a By-law for the election of members of the Council. It was read a first and second time, and amended in Committee of the whole. The following is the by-law as passed:

Whereas power has been granted to the Council of the College of Physicians and surgeons of On-

tario, to make by-laws to regulate the manner of holding the elections under the Provincial Act of 37th Victoria, entitled an act to amend and consolidate the Acts relating to the profession of medicine and Surgery in Ontario ;

Be it therefore enacted as follows :—1. This by-law shall only apply to the elections of territorial representatives who are members of the Council. 2. That the Registrar of the Council shall send to every registered member of the college, excepting only those who are registered Eclectic or Homœopathic members of the said college, a circular letter directing him to write the name in full of the voter, and his place of residence, and the county in which his place of residence is situated, and the territorial division to which said riding or county belongs, together with a declaration made before a Justice of the Peace and signed by him, that he is the party entitled to vote, and, on or before a certain day to be named in the circular letter, the voter is to send by post or mail, the voter's papers so filled up with his name and declaration, and the name and residence of the person for whom he votes, to a certain person called a returning officer, to be also named in the circular, which returning officer, after a certain day, shall make a return of the entire number of votes cast up, and name the party who has the largest number, and shall seal up and send his letters to the Registrar, together with all the voting papers sent to him, and, in case of a tie, he shall have the casting vote.

On the second clause, which excepted "Eclectics" from the privilege of voting for territorial representatives.

Dr. Muir moved, seconded by Dr. Bogart, "That the by-law regulating the election of territorial representatives for five years, from June, 1875, be amended so as to include the Eclectic registered practitioners, their existing representation terminating a year and a half before the period expires for which the territorial members then elected will serve." Carried.

Dr. Edwards moved, seconded by Dr. D. Clarke, "That the Registrar mail the voting papers at least 21 days before the day of election, and that the postage be paid by the Council." Carried.

Second Day's Proceedings.

The council met at 2 p.m. The Committees having been at work during the forenoon.

TARIFF OF FEES.

Dr. Brouse submitted two tariffs of fees agreed upon by about 40 of the medical men of the city of Ottawa and of the Bathurst and Rideau divisions, one for the city and the other for the country, and under the new Medical Act asked the sanction of the Council to said tariffs. On motion the tariffs were referred to the Committee on Rules and Regulations, and were finally adopted.

DR. ADAMS' COMMUNICATION.

It was moved by Dr. Hyde, seconded by Dr. D. Clarke, "That the report of the Special Committee to which the report from the Homœopathic body was referred for consideration, be forwarded to Dr. Adams as expressive of the opinion in which their actions are regarded by the Council." Carried.

Dr. Brouse moved, seconded by Dr. D. Clarke, the following resolution, the notice of which had been given before recess, "That whereas an impression to a considerable extent prevails throughout the Province that the regular profession in medicine, through its representatives in the Medical Council, has striven to act harshly with that branch known as Homœopathy, this Council now in session desires to take this opportunity of giving an unqualified contradiction of any such notion. We furthermore desire to record that it is expedient for this Council, in view of those misapprehensions prevailing in regard to the position the general profession takes in reference to medical practice and education, to declare its position in regard to this matter.

"It is to be understood that the general profession has never demanded special legislation nor exceptional favours on behalf of its members. The sole aim of the College of Physicians and Surgeons is to educate and elevate the profession, irrespective of systems of medicine so-called. It is for the public weal as well as for the benefit of the profession to prevent, in every legitimate way, ignorance and incompetency to assume a position or undertake responsibilities which require at all times the greatest wisdom and the utmost skill. The public cannot guard itself against any and every species of charlatanism and medical imposition ; for it is not in a position to know who are qualified to practice the details of medicine, nor can it know the substratum upon which practical knowledge is based, and this Council declares it to be the duty of our legislators to guard the people from ignorant pretenders on the one hand and the portals of the profession on the other.

"The differences of opinion in regard to treatment of diseases are only of secondary importance in comparison to those general subjects upon the knowledge of which all intelligent practice must depend. Ninety per cent. of all medical education stands upon this common ground, and in defence of these general subjects being part of the compulsory curriculum of all medical students, irrespective of creeds or sects, this Council asks for justice to all and favours to none." Carried.

ELECTION OF HOMŒOPATHISTS.

A By-law introduced by Dr. Dewar, and seconded by Dr. Edwards. to provide for the election of

the Homœopathic members of the Council, was read a third time and passed.

The by-law for the election of Homœopathic members of Council, provides that the Registrar shall send to every registered Homœopathic member of this College, a circular letter directing him to write the name of the voter in full, his place of residence, and the County in which his place of residence is, together with a declaration made before a Justice of the Peace and signed by him, that he is the party entitled to vote, on or before a certain date to be named in the circular. The voter to mail the voting papers so filled in with his name and declaration, and the names and residence of the person for whom he votes to the Registrar of this Council in Toronto, who shall be appointed as returning-officer for the Homœopathic members of the Council, and he shall notify those who receive the greatest number of votes that they are elected Homœopathic representatives in this Council, and shall inform them the place of meeting in the usual manner.

FINANCE.

The financial report was then read, and submitted before a Committee of the whole; Dr. Bogart in the chair. The clauses of the report were taken up *seriatim*. It showed that the books and accounts and vouchers of the Treasurer had been examined and found correct, there being a balance on hand of $1,736.16. The Committee recommended that as no salary was attached to the office of Treasurer, and as it was a position requiring a great deal of labour and considerable responsibility, and as Dr. Aikins had performed the duties for a number of years with great fidelity, he be paid the sum of $200. Upon examination, the books of the Registrar were found correct, and as he had performed his duties in a highly satisfactory manner, his re-appointment was recommended at the same salary as before ($500 per annum).

The report recommended one dollar as the rate of assessment for the ensuing year on each member.

The last clause recommended the payment of the sum of six dollars per day and necessary travelling expenses to each member of the Council for their services during the session, and also the balance due from last session.

The Examiners, it suggested, should, in future, be paid the total sum of fifty dollars and travelling expenses for non-residents, and the sum of forty dollars for those residing in the city, or within an area of five miles, for their services at the examinations.

Several accounts were passed and ordered to be paid.

Third Day's Proceedings.

The members of the Council met at ten o'clock, the President in the chair.

THE REGISTRAR.

Dr. Pyne sent in his resignation as Registrar of the Council.

Several members of the Council testified to the efficient manner in which Dr. Pyne had fulfilled the duties of Registrar.

The members of the Council refused to accept Dr. Pyne's resignation, and unanimously re-elected him Registrar for the ensuing year.

REGISTRATION REPORT.

Dr. Lawrence submitted the report of the Registration Committee, from which it appeared that sixty-five persons had obtained license since last examination.

The committee recommended that John R. Vanallan, who passed his primary in 1870, be admitted to registration on passing his final examination. The committee also recommended that the matriculation examination of Salter Givens Chamberlain be accepted, and that he be registered as a matriculant.

Some discussion ensued on the clause recommending that Mr. E. G. Marshall's certificate, showing he had passed an examination of the Royal College of Surgeons, England, be received as equivalent to matriculating here.

The report was ultimately referred to the Executive Committee.

EDUCATIONAL COMMITTEE.

Dr. Muir presented the 2nd report of the Committee on Education, which recommended that the following gentlemen be appointed examiners for 1875:—Dr. Lavell, midwifery and disease of women and children; Dr. Aikens, Surgery and Surgical Pathology; Dr. Berryman, Materia Medica and Sanitary Science; Dr. W. Clarke, Medical Diagnosis and Jurisprudence; Dr. Muir, Botany and Toxicology; Dr. Dewar, Medicine and Medical Pathology. Dr. Robertson, Anatomy, descriptive and surgical; Dr. D. Clarke, Chemistry; Dr. Edwards, Physiology.

Dr. Brouse moved to substitute the name of Dr. Bergin instead of Dr. Dewar, and Dr. Coburn moved to substitute Dr. Tucker for Dr. Wm. Clarke,—both of which motions were lost, and the report adopted.

The name of Dr. Clarence T. Campbell, of Stratford, was mentioned as examiner in Homœopathy. After some discussion, the following motion was passed:

Dr. D. Clarke moved, seconded by Dr. Lawrence, "That this Council regrets the absence of the Homœopathic members of this Council, especially seeing that no provision has been made by Act of Parliament for the appointment of examiners from that body without the approval of the representatives of that body." Carried.

On motion, Dr. Berryman's name was added to the Education Committee.

THE ECLECTICS.

Dr. Morrison moved, seconded by Dr. Muir, "That the new Medical Act having provided for the merging of the Eclectic section with the general profession, the Registrar is hereby instructed to eliminate from all future annual announcements the list of text books, subjects, and terms of examinations which formerly obtained under the old Act, for the perpetuation of that specialty. Carried.

Dr. Muir moved, seconded by Dr. Morrison, "That the registered practitioners connected with the Eclectic section having been remanded to the several territorial divisions in which they reside, the Registrar in all future issues of the Ontario Medical Register, will enter opposite their names simply the fact of the possession of the qualification of membership of the College, with the date of original registration, obliterating all purely sectarian distinctions."

RULES AND REGULATIONS.

Dr. Berryman submitted the report of the Committee on Rules and Regulations which recommended that no changes be made. The report was adopted.

EXECUTIVE COMMITTEE.

Dr. Aikins moved that the following gentlemen compose the Executive Committee, viz., Drs. Hodder, Berryman, Aikens, William Clarke, Brouse, Dewar, McDonald, the President and Vice-President *ex officio*, and that four be a quorum. —Carried.

PRINTING COMMITTEE.

Dr. Morrison brought up the amended report of the Printing Committee as follows: In consequence of great difference in the tenders submitted for printing the Ontario Medical Act and Register, your Committee beg to recommend that tenders for printing 2,000 copies of the Ontario Medical Act and Register, together with the annual announcement and rules and regulations, be advertised for in the *Mail* and *Globe* newspapers. Also that tenders for a supply of stationary be advertised in the same papers. Carried.

NEW REGISTER.

Dr. Aikins moved that the Executive Committee be instructed to publish a new Register containing the new Act, and that a copy be sent to every registered practitioner in the Province. Carried.

Dr. Hillary moved, seconded by Dr. McDonald, that no fees be charged the Eclectic members now on the register for making in the new register the changes involved in their merging in the general profession. Carried.

RETURNING OFFICERS.

Dr. Brouse introduced a bill to provide for the appointment of Returning-officers. It proposed that they be as follows:—

Western and St. Clair	Dr. Hoare	Strathroy
Malahide and Tecumseth	Dr. J. M. Fraser	London
Saugeen and Brock	Dr. Geo. S. Herod	Guelph
Gore and Thames	Dr. Richardson	Galt
Erie and Niagara	Dr. Griffin	Brantford
Burlington and Home	Dr. J. Roseburgh	Hamilton
Midland and York	Dr. Adlington	Yorkville
King's and Queen's	Dr. R. J. Gunn	Whitby
Newcastle and Trent	Dr. Powell	Cobourg
Quinte and Cataraqui	Dr. Sullivan	Kingston
Bathurst and Rideau	Dr. Church	Ottawa
St. Lawrence and Eastern	Dr. Bergin	Cornwall

The Bill was passed through the several stages and adopted.

Dr. Berryman moved "That the name of Dr. Bogart be added to the Executive Committee." Lost.

Dr. Brouse moved, seconded by Dr. Macdonald, "a vote of thanks to Dr. Baxter, M.P.P., and the medical men in the Local Legislature for their exertions in securing the passage of the Ontario Medical Act." Carried.

PUBLIC PROSECUTOR.

Dr. Berryman then moved, seconded by Dr. Carson, "That the Registrar be appointed public prosecutor for this Council under the Act, and that he receive a sum of $100 as an increase of remuneration for such service." Lost, yeas 6, nays 13.

TESTIMONIAL TO DR. CLARKE.

Dr. Brouse, seconded by Dr. Macdonald, moved "That the Council, before its separation, expresses its appreciation of the gratuitous services rendered to this Council and to the profession generally by Dr. Wm. Clarke, and that the President and Treasurer be empowered to present Dr. Clarke with a testimonial. Carried.

Dr. Clarke thanked the Council in appropriate terms.

MATRICULATION EXAMINER.

Dr. Berryman moved, seconded by Dr. Hillary, "That Dr. Morrison be appointed Matriculation Examiner in lieu of Mr. McMurchy for the ensuing year." Lost.

Dr. Berryman, seconded by Dr. Edwards, moved a resolution thanking the Warden for the use of the Council chamber.

Dr. Berryman then moved, seconded by Dr. Hillary, a formal resolution regarding payment of caretaker, &c., in connection with the Council chamber.

The Council then adjourned *sine die*.

Toronto Hospital Reports.

CASE I. SINGULAR CASE OF ENLARGEMENT OF LYMPHATIC GLANDS OF THE NECK AND THORAX.

W. C., Act. 24. Admitted June 1st. About three weeks ago the patient, having previously enjoyed his usual health, noticed a slight difficulty in breathing, and at the same time a lump made its appearance on the right side of the neck. The dyspnœa increased gradually and became of a more alarming nature until yesterday when he was almost dying, apparently from apnœa.

He has at present a good deal of difficulty in getting breath, and is occasionally seized with spasms of the glottis which threaten to stop respiration altogether. Since the commencement of his illness, the tumor above-mentioned, which first made its appearance in the submaxillary triangle on the right side, has gradually increased in size and now extends into the superior carotid triangle. It appears to be an enlarged lymphatic gland, is very moveable and of a hard nature. The respirations are frequent but the lungs do not appear to fully expand, and the walls of the chest move to a very slight extent. On inspection of the chest the right side appeared larger than the left, and the impulse of the heart was found to be lower down and more to the right side than normal. On percussion, slight dulness, was discovered over both sides. On auscultation, the respiratory murmur was found to be feeble, and some moist rales were heard throughout the chest No other abnormal sounds were discovered either in connection with the lungs or heart. The pulse is rapid, about 120 per minute. The blood appears to be imperfectly aerated, as the surface of the body is blue from stagnation in the veins and capillaries. The appetite is pretty good, but the patient finds great difficulty in swallowing especially at times. The bowels are somewhat constipated. The mind is clear, speech is somewhat hurried owing to difficulty in respiration. The temperature of the body was not measured.

June 3rd. Patient had a severe attack of dyspnœa yesterday, from which he was much relieved by a mixture containing Tr. Belladonna, Tr. Valerian Ammoniata and chloroform. He breathes a good deal easier to-day. A fly blister was ordered to be applied to the front of the neck extending from the thyroid cartilage to the sternal space, and the antispasmodic mixture continued.

June 4th. Patient appears to be a good deal better and says that he breathes easier than he has done for the last week. An examination was made with the laryngoscope to-day. Nothing abnormal was found in the larynx or upper part of the trachea, but once or twice during the examination the patient was seized with spasm both of the glottis and pharynx. The contraction of the muscles of the Pharynx was so great that nothing could possibly pass through the isthmus of the fauces. The spasm continued for a few seconds and gave the patient the greatest distress. Inhalation of watery vapor ordered, and instruments for the performance of tracheotony kept in readiness.

June 5th. Patient had a most violent attack of dyspnœa this morning, which was, however, relieved by antispasmodics and the inhalation of steam. After the attack had passed off a large quantity of thick viscid muco-purulent matter was coughed up, and after each spell of coughing a good deal of relief was shown. It was also noticed that the patient breathed easier when the tumour on the right side of the neck was passed upwards and backwards. It did not at any time, however, press on the larynx or trachea.

June 8th. Patient was breathing with no more than the usual difficulty this morning, when he was suddenly seized with a convulsion. From this he slightly rallied when he again became convulsed and suddenly expired. It was considered that it would be of no use to perform the operation of tracheotomy, as the fatal symptoms appeared to arise from the brain and not from dyspnœa. He appeared to have no more than the ordinary difficulty in respiration.

A *post mortem* examination was made by Dr. Hillary thirty hours after death, of which the following are the notes at the time:

The body showed no great amount of emaciation. Rigor mortis had not yet passed off. An incision was made from the chin to the ensiform cartilage, and another transversely under the chin, and the integument and fascia were reflected on each side so as to expose the muscles of the neck. A hard lobulated tumour of a whitish appearance

about the size of a small egg was found in the sub-maxillary triangle on the right side. It extended from the upper margin of the thyroid cartilage to the angle of the jaw and beneath it, so that one lobule was found in the carotid region. On raising the tumour it was found that the carotid arteries, internal jugular vein, pneumogastric, sympathetic and descendens noni nerve, were directly pressed upon. The lower part of the tumor impinged on the thyrohyoid membrane and the superior thyroid nerve.

Another swelling of a similar nature was found on the left side immediately above the clavicle. It appeared to have sprung from beneath the great vessels and nerves of the neck as it pressed these structures forwards. On cutting open the tumours they were found to consist of a hard indurated wall, with a cavity containing soft caseous matter. On opening the thorax a dense mass of what appeared to be enlarged lymphatic glands was found to fill up the whole anterior mediastinum and the upper inlet of the thorax. Rounded masses of the same material extended down along the bronchi towards the lungs, the phrenic nerves being impacted in the diseased structure. The lungs appeared healthy but a peculiar thickening of the pleura extended over the visceral portion from the roots to the apices of both organs. The larynx, pharynx, trachea, heart and lungs were removed *en masse*, and on more minute dissection, it was found that the diseased structure surrounded the innominate, carotid and subclavian arteries, pressing the corresponding veins forward. It also surrounded the trachea and bronchi constricting them to a certain extent. The vessels were of smaller calibre than normal and the veins coming from the head contained very little blood. The lymphatics along the great vessels were thickened and of a yellowish colour. The right side of the heart was found engorged with blood, and the left side was empty. The liver was enlarged and of a dark congested appearance. Spleen and kidneys were intensely congested. The brain unfortunately could not be examined.

CASE II.—CHOPART'S AMPUTATION.—JAMES F. Æt 45. Admitted July 9th, 1873.—The patient, a native of Ireland, is of a weak constitution. He only left the Hospital three weeks ago having been an inmate for some time suffering from Erysipelas of right leg. He now enters with a wound in the foot caused by the wheel of a Railway car passing over it. The metacarpal and phalangeal bones are broken in several pieces and the tissues are crushed almost into a jelly. On examination of the wound it was decided that there was sufficient sound tissue to make a good covering, if Chopart's operations were done. The patient, however, positively refused to have any amputation performed, saying that he would rather die than have his foot taken off. It was accordingly poulticed and allowed so to remain.

July 13th. The patient at last consented this morning to have his foot removed. The wounded tissues are in a state of gangrene, and some symptoms of irritative fever are beginning to make their appearance. The operation proposed was accordingly performed. On account of want of sound tissue the lower flap was not made as long as it should have been, in consequence of which, it is feared that the cicatrix will form more anteriorly than superiorly. There was very little hemorrhage. Two small arteries were ligated.

On examining the amputated portion it was found that the 1st, 2nd and 3rd metacarpal bones with their accompanying phalanges were crushed and that the surrounding tissues were completely gangrenous.

July 15th. Patient doing well. Pulse 96.

July 17th. The outer part of the upper flap is sloughing to a slight extent. Apetite good, general health improving. Poultice applied to stump. Tr. Ferri Perchlor. and Quiniæ Sulph. to be given four times a day.

July 31st. An abscess has formed on the outer side of the stump. It was opened to-day and the poulticing continued.

Aug. 5th. Poultices removed and adhesive plaster applied. Wound nearly closed up.

January '74. Patient is still in hospital. He has had two or three attacks of erysipelas in the stump and also in the leg. Is now able to walk on the stump pretty well. The superficial muscles on the posterior part of the leg have a tendency to draw the foot backwards, and to bring the cicatrix further down than it originally was.

At the present time, June '74, patient can wear a boot and is engaged at his former occupation viz., cab-driving.

THE CANADA LANCET:

A Monthly Journal of Medical and Surgical Science

Issued Promptly on the First of each Month.

☞ *Communications solicited on all Medical and Scientific subjects, and also Reports of Cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet," Toronto.*

AGENTS.—DAWSON BROS., Montreal; J. & A. MCMILLAN, St. John, N.B.; J. M. BALDWIN, 805 Broadway, New York, and BALLIERE, TINDALL & COX, 20 King William street, Strand, London, England.

TORONTO, JULY 1, 1874.

FIRST ESTABLISHMENT OF A COLLEGE OF PHYSICIANS AND SURGEONS IN LONDON, A.D. 1518.

In reporting in this issue of our journal the proceedings of the June meeting of the College of Physicians and Surgeons, a very brief retrospect of the progress of our profession may not be without interest to our readers. In another page will be found an extract from Rymer, Vol. II., page 347, illustrating the fettered condition of the practitioners of the healing art in the so called erudite period, including the 15th and 16th centuries.

Prior to the time of Thomas Linacre, the translator of the writings of Galen, and founder of the College of Physicians, London, born about 1460, medicine was practised by pretenders of all kinds, but chiefly by monks, who were licensed by the Bishops. In these days the Art of Surgery and Art of Shaving went hand in hand. The barbers of London were first incorporated by King Edward IV., in 1461, and at that time were the only persons who exercised surgery; but afterwards others assuming the practice of the art, formed themselves into a voluntary association, which they called the Company of Surgeons of London. These two companies were, by an Act of Parliament, passed in the 32nd Henry VIII., Cap. XLI., united and made into one body corporate, by the name of the Barbers and Surgeons of London. This act, however, at once united and separated the two crafts. The barbers were not to practice surgery further than drawing teeth, and the surgeons were strictly prohibited from exercising the feat or craft of barbery or shaving. The surgeons were allowed to take yearly at their discretion, the bodies of four persons after execution for felony, "for their further and better knowledge, instruction, insight, learning, and experience, in the said science or faculty of Surgery;" and they were moreover ordered to have "an open sign on the street side where they should fortune to dwell, that all the king's liege people there passing might know at all times whither to resort for remedies in times of their necessity."

Four governors or masters, two of them surgeons, the other two barbers, were to be elected from the body, who were to see that the respective members of the two crafts exercised their callings in the city agreeably to the spirit of the act. The privileges of this company were confirmed in various subsequent charters, the last bearing date the 15th of April, 5th Charles I. By the year 1745 it was discovered that the two arts, which the company professed, were foreign to, and independent of each other. The barbers and the surgeons were accordingly separated by act of parliament, 18th George II, and made two distinct corporations. For further information we would refer the reader to Pennant, Edmonson, and Strypes edition of Stowe. We now return to the Physicians. In the time of Charlemagne, each cathedral possessed a school, where writing, arithmetic, singing, theology, and medicine were taught. The Episcopal College of Paris had medical teachers who gave advice and dressed wounds before the portals of Notre Dame, or even in the interior of the church. The same thing was done in several other cities; but when the medical profession had been declared incompatible with the sacerdotal office, by a series of councils, the Popes, in order to preserve the high jursidiction which they had exercised from time immemorial over the medical corps, and the bar, created certain Episcopal schools into Universities, combining at once instruction in Theology, Philosophy, Law and Medicine, or only some of these faculties. Thus were created during the thirteenth century the most of the great universities of Christian Europe; among others those of Bologna, Padua and Naples of Italy; those of Paris, Montpellier, and Toulouse, in France; those of Valencia and Tortosa, in Spain; Oxford, in England, and St. Andrews, in Scotland. See remarks, "Histoire de Medicine." All science, says M. Malgaigne, "appertained to the clergy, and teaching, though removed from the cloister, did not become less Roman Catholic. These new clergymen connected to the

chiefs of their church by their oaths and privileges were unto him a numerous and powerful militia, and while by the clergy proper the popes reigned over the consciences of the people, by the clergy of the universities they reigned over their minds. Who can be astonished, then, that they bore unpatiently the fact of not being able to concentrate also, all other power in their hands?" Nevertheless we must do justice to the Pope, the monks, and the Catholic clergy in general, who prepared the intellectual movement of modern Europe.

The Universities by associating together studious men, offered them the means of mutual instruction, excited their emulation by the prospects of honour and rewards; concurred, in short, in a very efficacious manner to elevate Christian civilization, above all others.

In the reign of Henry VIII., Linacre stood at the head of his profession, and shewed his attachment to its interests by founding two lectures on physic in the University of Oxford, and one in that of Cambridge. He may also be considered the founder of the College of Physicians in London; for in 1518 he obtained letters patent from King Henry VIII. constituting a corporate body of regularly bred physicians in London, in whom was vested the sole right of examining and admitting persons to practice within the city and seven miles round it, and also of licensing practitioners throughout the whole Kingdom, except such as were graduates of Oxford or Cambridge who by virtue of their degrees were independent of the College except within London and its precincts. The college had likewise authority given it to examine prescriptions and drugs in apothecaries' shops. Linacre was the first President of the new college, and at his death bequeathed to it his house in Knight Ryder street, in which the meetings of the members had been held. In the fifteenth century the sect of chemical physicians arose, and their doctrines, under the bold advocacy of Paracelsus, who publicly burnt the writings of Galen, obtained considerable credit and numerous supporters. The Galenists were the most learned party, while the chemists were chiefly those who were practically skilled in the arts of that newly-discovered science. Neither party can be said to have much advanced the knowledge of medicine; but in the middle of the 16th century the most important improvement commenced in the dilligent and accurate study of Anatomy by Vesalius. From his time the study of Anatomy was diligently pursued, and in the early part of the 17th century was rewarded by several important and interesting discoveries as that of the circulation by Harvey, of the absorbents by Asellius, of the process of respiration by Malphigi, &c., &c. Somewhat later Sydenham introduced a truly Hippocratic mode of observation of the phenomena of disease and its symptoms, causes and effects; and influence of remedies upon it. By the combined efforts of the anatomist's and the practical physician's, medicine in this century made remarkable progress, although in some measure checked by the attempted application of the laws of mechanics to the explanation of the phenomena of the living body. This sect the Iatro-mathematicans were succeeded by the Vitalists, founded by Van Helmont. Stahl, Hoffman and Boerhave were of this school. Among the pupils of Boerhave were Van Swieten and Haller. Cullen, the contemporary of Haller, was of eminent service in the study of practical medicine; and his opponent, T. Brown is acknowledged to have introduced many useful lessons in the same branch of the study. From the time of Haller, medicine has acquired more and more nearly the character of a science of simple observation, and the patient investigation of facts.

AMERICAN MEDICAL ASSOCIATION.

The twenty-fifth anniversary of the American Medical Asociation was held at Detroit on the 2nd of June and following days. The attendance of the profession was very large, and the galleries of the Council Hall were well filled every day. A goodly number of ladies, who are always friends of the medico's graced the meeting with their presence.

Invitations were sent pretty generally to the Canadian brethren, and a fair number were found to have accepted the favour, all of whom were elected members by invitation, and some took part in the discussions on the different papers, most of which were of the greatest interest, and showed thorough research. Among the medical men present from Canada were Drs. Grant, Ottawa; McLean, Kingston; Drs. Richardson, Canniff and C. B. Hall, Toronto; Dr. Moore, London; Dr

Scott, Woodstock; and Dr. McMicking, Goderich, besides several from the Canadian towns and villages near Detroit, including the following: Drs. Casgrain, Lambert, and Andrews, Windsor; Dr. Murphy, Chatham; Dr. Bell, Amherstburgh; Dr. Nesbitt, Sandwich; and Dr. McCormick, Pelee Island. The meeting was divided into sections, ample rooms in contiguous building having been furnished by the city. Of the many valuable and instructive papers, the following could not be overlooked:—The Address of Welcome, by Dr. Brodie, of Detroit; the President's Annual, by Dr. Toner, of Washington; one (most important) on Waste of Life, by Dr. Bell, of Brooklyn. Dr. Garrish read a paper on Hydrophobia. A most eloquent and instructive address on the present state of the Practice of Medicine, by Dr. Davis, of Chicago; one on Uræmia; and another on the Mechanism of Encephalic Circulation. A lengthy discussion took place on the Medicinal use of Alcohol, a large majority condemning it altogether.

But perhaps the most thorough and excited debate followed the reading of Dr. Sayre's paper on the perfect union of fractures, the greatest number contending that an oblique fracture of the femur could not heal without shortening.

A new form of pessary was exhibited by Dr. Scott, of Woodstock, Ont., and elicited an interesting discussion.

Nothing could possibly surpass the hospitality of the people of Detroit. Night after night and day after day, new scenes of amusement were offered,—car fares and soda fountains alike were free. The Mayor of Detroit gave a reception; the Governor of the State of Michigan and his lady gave an "At Home;" also, the Hon. Philo. Parsons and others gave entertainments.

The following resolution of thanks was proposed by Dr. C. B. Hall, of Toronto, seconded by Dr. Richardson:

Resolved, That the Canadian physicians attending this meeting of the American Medical Association cannot take their departure without giving expression to their sense of appreciation of the fraternal kindness extended to the medical profession of Canada by favouring them with invitations and bestowing upon them such generous hospitality."

The motion was introduced by appropriate speeches from the mover and seconder, and was eloquently responded to by Dr. N. G. Davis, of Chicago.

Dr. W. K. Bowling, of Tennessee, was elected President for the ensuing year, and the next meeting appointed to be held in Louisville, Ky., on the first Tuesday in May, 1875.

RESPONSIBILITY OF DRUGGISTS.

In another column will be found a letter from Mr. Miller, druggist of this city, in answer to our remarks in the April issue, in which he professes to give the *true facts* of the case. According to Mr. Miller's version of the story, Dr. Constantinides' offence consisted in stating to the gentleman (Mr. Thompson) when shown the prescription and mixture, that "it would have killed the patient in one hour." This *was* the Dr.'s remark after having been told, that Mr. Miller said that one might drink the whole mixture without injury.

We have examined the copy of what purports to be the original prescription, and referred to above as having been shown to the Dr., and it presents no evidence of being a regular physician's prescription. It is written partly in English and partly in mongrel Latin, and has neither name, initials, date, nor directions, nor the name of the person for whom it was intended. But Mr. Miller "plainly directed" how it was to be taken!!

We are no apologist of rash statements, either by Dr. Constantinides or anyone else, but let us see what the authorities say as to whether or not the Dr. was justified in saying that that quantity of arsenic "would kill in one hour." He never stated that a teaspoonful dose of the mixture would do so. The mixture contained ℥ss. of liq. arsenicalis, which is equal to *two* grains of arsenious acid; besides, it is combined with iodine, which would very much increase its poisonous effects; and the patient was an aged lady, and very delicate. Taylor, in his Medical Jurisprudence, (7th Ed., p. 81), mentions a case in which a woman took this precise quantity of liq. arsenicalis in unknown doses, and it proved fatal. He further states that a medical witness would be justified in stating that the fatal dose of this poison is *from two to three* grains. He also mentions a case in which death took place in *twenty minutes* after taking this poison.

Mr. Miller states that they (the patient's friends) were satisfied that the blunder lay with the Dr., and advised him (Mr. Miller) to take legal proceedings. We have a letter in our possession from Mr. Thompson, addressed to Dr. Constantinides, in which he emphatically denies having stated that he or any one of his family was satisfied the blunder was the Dr.'s, or advised Mr. Miller to take legal proceedings.

The editor of the *Canadian Pharmaceutical Journal*, in the last issue, comes out with more zeal than wisdom in support of M. Miller's position, evidently drawing his inspiration from Mr. Miller's *true facts* of the case. He scouts the idea that Mr. Miller could be held in any way responsible, and makes the extraordinary statement, that neither the prescriber nor dispenser could be held liable, but the third party who got the prescription dispensed. This would be a very fine thing for avaricious dispensers, but we fear it won't hold water.

The Pharmacy Act requires that *all poisonous substances* (not prescribed by a medical man of course,) shall be labelled. There is no evidence that the recipe was given by a regular physician; no physician was in attendance, and Mr. Miller was aware of that, and yet he dispenses for an irresponsible person (irresponsible because ignorant of the nature of the medicine,) a poisonous substance without any label to indicate the nature of the drug; and instead of cautioning them as he should have done, he tells them that one might drink the whole bottleful with impunity. No physician, careful of his reputation, ever prescribes for a patient he has not seen and examined, and we maintain that no druggist should dispense a prescription containing powerful or poisonous substances without proper caution, when he is aware that the prescription does not come from the medical man in attendance on the patient.

The idea of Mr. Miller, who is clearly in the wrong, talking about bringing an action against Dr. Constantinides for performing a duty which he (Mr. Miller) himself should have done, is refreshingly cool.

CHLORAL IN TETANUS.—Three cases of tetanus occurring on the continent, are cited in a German journal, in which large doses of chloral administered for several days succeeded in removing the affection. All three patients completely recovered.

ETHICS.

An old correspondent sends us the following:

To the Editor of the LANCET.

SIR,—Is it necessary or becoming for our profession to notice the nonsense that appears in favor of the various theories of the day in the daily papers? The letters that have appeared in the *Globe* lately, signed by a Dr. Cameron, really are nothing more or less than advertisements (paid or unpaid is not my affair) to introduce to public notice a Homœopathist whoquotes Sir Thomas Watson as an authority on Homœopathic medicine!!! (*Globe*, 19th June, 1874).

I think it my duty to warn my professional brethren to beware of noticing these, to use as mild a term as possible, absurdities.

Yours &c.,

ALPHA.

June 19th, 1874.

Our correspondent might have gone a little farther and included "Ethics," who has been figuring in the public prints of late. (See *Mail*, June 10th). "Ethics" (in mercy to him we will not mention his name) complains of "the *Globe*-like conduct of the LANCET" because we would not publish his letter of the 18th of May. There were two reasons why we did not wish to insert his letter,—first, we had inserted a letter from him in our previous issue upon the same subject; secondly, it contained so many errors and mis-statements that we could not have published it without a reply; and the letter and reply would have occupied more space than we cared to devote to a subject which did not particularly interest the profession at the present time. But "Ethics" cannot allow his light to be hid, and again betakes himself to the public press and succeeds in getting his letter inserted in the *Mail* and a number of fly sheets struck off for promiscuous distribution; among other places, in the Toronto General Hospital (among his patients we suppose). We leave it with the profession to judge of the propriety of such a course; and whether in this very act of his we have not the best possible justification of our remarks, "that such persons are open to the suspicion of an endeavour to exalt their own personality." "Ethics" states "that had it not been for these public letters, Baxter's bill would at least have met with far greater opposition, not only from the members of the Legislature, but from the medical men through-

out the Province." And further on he says, "that with respect to the recent legislation, the public papers exerted mostly all the influence effected by the Fourth Estate." Can it be possible that "Ethics" sincerely believes that the day was won by these few letters that appeared in the papers, some of which were very good, we admit; some very foolish, and others containing so many weak points that their effects were completely lost by the criticisms to which they were open? We maintain that the successful passage of the Act was due to the profession, which was almost unanimous in its favour, and the influence which individual members in all parts of the country brought to bear on the Legislature.

It is scarcely necessary for us to say to the intelligent readers of the LANCET, that *it never arrogated to itself* "that it should be the universal organ of Ontario medical men." We simply stated that we considered the pages of *medical journals* a fitter arena for a warfare on medical subjects than the daily press; and we believe our remarks are as applicable now as they were at that time. There are at least two other medical journals having a circulation in Ontario, to either of which "Ethics" could have sent his letter for publication, if he considered it of such vital interest to the profession. "Ethics" endeavors to make a little capital out of our remark that we sent marked copies of the LANCET EXTRA to the members of the Legislature, and sneeringly says that "some would object to this outside circulation of medical literature and anatomical plates on other grounds." Here he is in error again. The LANCET EXTRA contained neither medical literature proper, nor anatomical plates, but was occupied wholly with the text of the Homœopathic bill, and articles against it and in favour of Baxter's bill—*verbum sat sap.*

LEGALIZED TARIFFS OF FEES.

Now that the new provisions of the Medical Act are in force with respect to legalizing tariffs of fees, making the tariff of a local association a scale of "reasonable charges," admitting of easy proof as such in a court of law, we note that the profession appears desirous of taking advantage of this great privilege conferred by the new Act. This is eminently right and proper. The legislative provision was worth striving for; and now that it is obtained it should be acted up to. We earnestly advise our friends practicing in districts where, as yet, there are no medical associations, to lose no time in organizing themselves into a Society; and besides discussing medical matters and cultivating a sentiment of unity and brotherly feeling, not to omit the proper consideration of a scale of fees with a view to legalizing the same by proceeding under the Act. It is a valuable feature of this provision, we think, that it directly tends to bring members of the profession together. The result should be that many more medical associations will be called into existence than are at present in operation. Of the many benefits likely to arise from this species of professional intercourse it is scarcely necessary to speak.

OUR COUNTRY PRACTITIONERS.

Beyond the class affected, it may not be fully known that in a large part of Ontario the circumstances of the country practitioner have been greatly narrowed by the straitness which has beset his clients in consequence of the deficiency of last year's harvest. Not that there has been less for him to do—we should suppose that there has been little or no falling off in the amount of his work—but that the great scarcity of money among the rural population has been such as to deprive the country doctor of an immediate reward for his services. When, as in some parts of the province, the cost of wintering cattle has been equal to buying them twice over, and when serious embarrassments have overtaken the farmer, the doctor, it may well be supposed, has been compelled to wait for the settlement of his accounts, or to put up with a mere fractional payment. Happily, the prospect, long so dull, is now considerably brightening, and the promise of a rich harvest brings along with it the promise of a better state of things for our country friends. We hope that the autumn settlements, which the country doctor generally expects to make, will this year be quite satisfactory, and compensate him in some measure for the dull season he has been compelled to pass through.

MEETING OF THE MEDICAL PROFESSION AT MOUNT FOREST.—A meeting was held on Thursday, June 4th, in Mount Forest, for the purpose of forming a local medical association.

There were present, Drs. Cowan, Harvey, Jones, Henry, Jr., Henry, Sr., Ecroyd, Kelly, Stuart, McGregor and Yeomans.

Letters and telegrams were received from several gentlemen, expressing their approval of the formation of the society, and their regret in being unavoidably absent.

Resolutions were passed and the desired organization effected, with the following officers:—President, Dr. McGregor, Cedarville; Vice-President, Dr. Cowan, Harriston; Secretary and Treasurer, Dr. Yeomans, Mount Forest.

The next meeting was then appointed to be held on Thursday, 25th, in Harriston. Dr. Stuart, of Palmerston, consented to read a paper on Scarlatina at the next meeting of the association.

It was resolved, that the Secretary notify by circular all registered practitioners in this division, (Saugeen and Brock,) that the propriety of taking immediate steps to establish a territorial division medical association in accordance with clause 18 of the new Act would be considered at the meeting, in Harriston, on the 25th inst.

PERSONAL.—Dr. R. A. Stevenson, of Strathroy, who is about taking his departure to England, to attend the Hospitals and Colleges there, for a short time, was the recipient of a complimentary supper from his medical friends and others in the vicinity, on the 20th ult. He was also presented with a purse of over $150 from the towns-people generally, with which he was requested to purchase a set of instruments in England, to be kept by him as a mark of the general esteem and respect in which he is held. We are glad to see feelings of this kind evinced by members of the profession towards each other, and we are certain the Dr. is worthy of the high compliment paid him.

TORONTO UNIVERSITY CONVOCATION.—The following gentlemen were admitted to the Degree of Bachelor of Medicine, in this University, on Tuesday the 9th ult.: J. Ball, N. H. Beemer, O. C. Brown, A. J. Campbell, I. H. Cameron, J. W. Corman, A. Farewell, D. B. Fraser, D. Fraser, A. H. S. Hill, A. Luke, C. A. Paterson, G. Shaw, G. Smith, C. E. S. Taylor, A. J. Whitehead, R. Whiteman. Gold Medalist, D. B. Fraser; Silver Medalists, O. C. Brown, A. Farewell, I. H. Cameron, G. Shaw, D. Fraser. Starr Gold Medalist, O. C. Brown; Starr Silver Medalists, A. Farewell, A. J. Campbell. Matriculation Scholarship, F. Burt; First year scholarship, W. T. Stuart; Second year scholarship, A. C. Bowerman, and A. McPhedran; Third year scholarship, W. Britton.

APPOINTMENTS.—Logan Murray More, M.D., of the Village of Thornbury, Associate Coroner for the County of Grey. James Russell, M.D., of the Village of Hall's Corners, Associate Coroner for the County of Wentworth.

Book Notices.

A MANUAL OF TOXICOLOGY, including a consideration of the nature, properties, effects and means of detection of poisons. By John J. Reese, M.D., Prof. of Med. Jurisprudence, &c., University of Pennsylvania. Philadelphia: J. B. Lippincott, & Co.; Toronto: Willing & Williamson.

From the number of text books on this subject, there does not appear to be any pressing demand for this volume. The author seems also to be aware of this fact, but claims that the same objection might be urged (and with truth) against new publications in almost every department of medicine. Yet it may be said that every new work has something of value not to be found in other works of the same description. So in the work before us we find a chapter on the subject of "Post Mortem imbibition of Poisons," and another on the "Duties and Privileges of Medical Experts," topics which, though very important, are scarcely to be found in any other work of the kind.

Particular attention has been bestowed upon the effects and means of detection of opium, arsenic, phosphorus, strychnia and hydrocyanic acid, on account of the more frequent occurrence of poisoning from these substances. Nothing, however, has been omitted which is necessary to make it a complete text book on poisons. The author has drawn largely from standard toxicological and chemical authorities, both home and foreign, to all of which credit is duly given.

REPORT OF THE UNITED SSATES MARINE HOSPITAL SERVICE for the fiscal year 1873. By John M. Woodworth, M.D., Washington.

REPORT OF THE MEDICAL SUPERINTENDENT OF THE ASYLUM FOR THE INSANE, Toronto, for the year ending 30th Sept., 1873.

REPORT OF THE QUEBEC LUNATIC ASYLUM, by the medical superintendents, for the 18 months ending June, 1873.

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AMERICAN MEDICAL ASSOCIATION.

GLEANINGS FROM MY NOTE-BOOK.

BY A. HAMILTON, M.A., M.B., MILLBROOK.

Having been present at the meeting of the American Medical Association at Detroit, from the 2nd to the 5th of June, inclusive, with, *ex officio*, the most free access to such matter as was deemed worthy a place in the forthcoming volume of Annual Transactions, it occurs to me that a few points may interest your readers, few of whom will have access to the Transactions.

EPIPHYSEAL FRACTURE OF HUMERUS.

I had the pleasure of being present last September, when, Dr. E. M. MOORE of Rochester, Professor in the University of Buffalo, read, before the Academy of Medicine in New York, a paper on Epiphyseal Fracture of the Superior Extremity of the Humerus," which had been described first by Dr. Robert W. Smith. In the last edition of GROSS it is not treated as a distinct fracture. Frank H. Hamilton has recently done so, after Smith. Moore then insisted on its being distinct from fracture of either the surgical or anatomical neck; illustrated it by a humerus with separated epiphysis; explained a method of reduction original with himself, namely; raising the arm to a perpendicular position, locking the shaft of the humerus into the separated epiphysis and bringing it down to the side, making slight extension and advised retention by a method already given to the profession by Dr. Swinburne, of Albany. Dr. M. now returned to the combat with a decision and precision there was no gainsaying, showing himself master of the situation. From its nature, the fracture occurs only in youth and adolescence. Frank Hamilton had a case last fall, aged 19, believed to be the oldest on record, patients rarely exceeding 16. The *symptoms* are striking and uniform. The head of the bone can be distinctly felt in the glenoid cavity; a slight depression is felt beneath it, the head remaining motionless when the shaft is rotated. A striking and abrupt projection is observed beneath the coracoid process, caused by the upper extremity of the shaft being drawn inward by muscular action. The shaft seldom clears the head, and hence the small amount of shortening. This projection is smooth and slightly convex, in contrast to the irregular margin of ordinary fracture. The elbow projects but little from the side, and can be readily brought in contact with it. Pressing the upper end outwards while holding the elbow to the side and making extension and counter extension, the deformity disappears, to recur as soon as left to unopposed muscular action. The diagnostic points are; first, the projection beneath the coracoid; and second, the immediate recurrence of the deformity when the means for reduction cease retaining the shaft in place, there being no fracture of the superior end of the humerus in which retention is so difficult. In general the nature of the injury is unrecognized although the symptoms have been clearly stated by Sir A. Cooper, Professor R. W. Smith, and Frank H. Hamilton. The surgeon does not know what to do when a case occurs. It should not be mistaken for dislocation, because dislocation lacks the mobility here present. Again the projection of the lower fragment does not occur in fracture at either neck, and indeed cannot occur in fracture of the surgical, because the muscles causing the projection (supra-spinatus, infra-spinatus and teres minor) are inserted *above* the surgical neck.

ENCEPHALIC CIRCULATION.

Dr. R. A. VANCE, of New York, had a paper read on "The Mechanism of the Encephalic Circulation" of which the following is a brief summary:

1. Atmospheric pressure operates in such a manner as to keep the fluid contents of the skull of constant bulk.

2. The heart can, under certain circumstances, exert a compressing influence upon the encephalic centres.

3. The relative quantities of arterial and venous blood and extra-vascular serum vary with, first, cardiac contractions; second, respiratory movements; third, sleep and wakefulness; and fourth, mental excitement and repose.

History of Ovariotomy.

Some testimonial is to be raised to the memory of Dr. Ephraim McDowell, who in 1809, at Danville, Kentucky, first performed ovariotomy, (in its modern sense,) all statements of English authorities to the contrary notwithstanding. The truth would seem to be that the operation was suggested by William Hunter; its practicability, and the mode of performing it, were taught by John Bell; it was first practised and that successfully, by McDowell, a pupil of Bell, in 1809; and it was not until 1823 that an attempt (with fatal issue in each of the four cases) to introduce it into Britain was made by Lizars of Edinburgh. A monument to McDowell on the site of the house where the operation was performed, seemed to be in favor with those discussing the matter, but it is not yet settled.

Use of Alcohol.

After an attempt to table the following resolutions offered by Dr. F. Horner, of Virginia, they were passed *seriatim* by the section on State Medicine and Public Hygiene:

Resolved, That in view of the alarming prevalence and ill-effect of intemperance, with which none are so familiar as members of the medical profession, and which have called forth from eminent English physicians the voice of warning to the people of Great Britain concerning the use of alcoholic beverages, we, as members of the medical profession of the United States, unite in the declaration that we believe that alcohol should be classed with other powerful drugs; that when prescribed medically it should be done with conscientious caution and a sense of great responsibility.

Resolved, That we are of the opinion that the use of alcoholic liquors as a beverage is productive of a large amount of physical and mental disease; that it entails diseased appetites and enfeebled constitutions upon offspring; and that it is the cause of a large percentage of the crime and pauperism of our large cities and country.

Resolved, That we would welcome any change in public sentiment that would confine the use of intoxicating liquors to the use of science, art and medicine.

Electricity in Surgery.

Dr. Geo. M. Beard, of New York, of electrical fame, gave an address which bore out the following conclusions:

First—That certain benign tumors, as goitres, cystic tumors, enlarged glands and nævi, can be made to disappear under electrolysis, the needle being plunged into the tumor.

Second—That fatty tumors and enlarged lymphatic glands are usually very difficult to diminish by electrolysis, and sometimes will not diminish at all.

Thirdly—That malignant tumors will not and rarely, if ever, entirely disappear under electrolysis; but the pains connected with them can be treated most successfully by electrolysis and also by simple external galvanization with sponges.

Fourth—That malignant tumors when sufficiently accessible and not too far advanced, may be treated by electrolysing the base or "working up the base," as he terms it. This method promises more permanent results than have been obtained by the usual treatment.

Fifth—That certain diseases of the skin, notably *herpes frontalis seu ophthalmicus*, chronic *eczema* and *prurigo*, have been treated, and up to the present date with the most gratifying success.

Sixth—That diseases of the skin may be treated by local and central methods of using electricity; but some of the most brilliant results in the treatment of chronic eczema have been obtained by galvanizing the nerve centres in the method of central galvanization *without making any application to the diseased parts*. The results of this treatment seem to show pretty conclusively that chronic eczema is, to a considerable extent dependent on the central nervous system.

New Remedy for Pruritus.

Dr. L. D. Bulkley advocated the use of an ointment containing chloral and camphor, thus adding one more to the host of anti-pruritics.

Chronic Eczema.

Dr. Bulkley also holds that what we now term chronic eczema is not necessarily a constitutional, but is often a local disease. Remedies mostly used: arsenic, glycerine, cod liver oil, tar ointment, mutton suet and lard, carbolic acid and solution of tar and caustic potash. Dr. Woodward, U. S. army, and Dr. C. B. Hall, of Toronto, advocated the local application of arsenic to eczematous patches, alleging experience.

Ammonia.

Dr. Farnsworth, of Iowa, read a paper on "Ammonia and its therapeutical application." He prefers the use of bicarbonate in children. It is formed by exposing the ordinary sesqui-carbonate in powder to the air, until it has lost its pungency.

Specialists.

In the report on revising the code of medical ethics, there occurs the following:—"But how then, can those who wish to pursue a special practice, make known their position to their brethren and the public?" We answer that the title of Doctor of Medicine covers the whole field of practice, and whoever is entitled to that appellation has the right to occupy the whole or any part of the field, as he pleases. The acceptance of this honorable title is presumptive evidence to the community, that the man accepting it is ready to attend practically to any and all duties which it implies. As all special practice is simply a self-imposed limitation of the duties implied in the general title of doctor, it should be indicated, not by special or qualifying titles, such as *oculist*, *gynæcologist*, etc., nor by any positive setting forth of special qualifications, but by a simple, honest notice, appended to the ordinary card of the general practitioner, saying, "Practice limited to diseases of the eye and ear," or "diseases peculiar to women," or "to midwifery exclusively," as the case may be. Such simple notice of limitation, if truthfully made, would involve no other principle than the notice of the general practitioner, that he limits his attention to professional business within certain hours of the day. Neither could it be regarded as a claim to special or superior qualifications. To give the specialist any privilege beyond this, would be to invest him with a special privilege inconsistent with the equality of rights and duties pertaining to the whole profession."

Uniform Records.

The venerable Dr. E. Seguin, of New York, who, by the way, gave an exposition and illustration of "Mathematical thermometry," (being the translator of Wunderlich,) had been appointed delegate to Europe. From his report it would seem that he urged before the British Medical Association and the French Association for the Advancement of the Sciences, what he has been urging for years, viz., the question of harmonizing our means of observation and record, and of instructing therein mothers and nurses. Our clinical scales and instruments of observation differ from nation to nation and from hospital to hospital. As soon as Seguin's object shall have been accomplished, the observations of physicians will become comparable at a glance, and their record be as positive as those of the operations of the chemist, the physicist, and the dynamist.

Hygiene.

This subject, taking up half a section, had full and free attention. Dr. A. N. Bell, of Brooklyn, N. Y., the genial and indefatigable editor of *The Sanitarian*, is putting new life and fresh vigor into his specialty. Space and time prevent my going into details. Suffice it to say that, from the interest manifested, the number of papers read, and the organization for work next year, it is abundantly evident that the orthodox profession are leaders in this as in every other department of pathological science; and that they need no prophetic Ryder to spur them on with heterodox presumptions uttered and copied from any worshipped and ideal oracle.

Shortening in Fractures.

Dr. Lewis A. Sayre, of New York, presented a report of 115 cases of fracture occurring in his wards in Bellevue. His deductions are remarkable. Excluding three cases where the shortening was from an inch and a half to two inches, but which labored under concomitant pneumonia, abscess, and delirium tremens respectively, it would be found that in the remaining cases some* were longer, some of equal length, and the rest with from one-sixteenth to one-eighth shortening. The measurements had been made by house-surgeon Van Wagner, and had been verified by the hitherto sceptical Frank Hamilton. They were treated by extension and counter-extension until accurate adjustment; then fixation and retention. In case too great extension was made, reflex irritation produced contraction with displacement. In elucidating his principles of treatment, he referred to Dr. Nelson, who, sent for to an injured lumberman in the Saguenay River, found him asleep, although with both femurs broken, he having crawled up the river's bank and seated himself upon a ledge of

* In general, conclusions are intended to apply to femurs throughout the discussion, although they will often apply *a fortiori* to the other long bones.

rock, with his back supported and legs pendent, the width of the ledge being exactly right for his length of femur. Finding his patient so easy, he made a triple-inclined-plane, and got an excellent result, only to be expatriated by a suit for mal-practice in keeping his patient confined for weeks unneces sarily, the plaintiff alleging there was no fracture. The double or triple inclined plane, Buck's extension, long splint, plaster of Paris, gutta percha, starch, silicate of soda,—anything and everything might be used which would secure retention.

An exciting and prolonged discussion ensued, in which the St. Louis men (Hodgins and Gregory especially) held to necessary shortening, the latter in every case of fracture of every bone. It was pointed out that Sayre's measurements were made *too soon after union.* Further shortening occurs after union, while suits for malpractice come at the most unfavorable of all times, when a maximum of shortening has been reached. It was also stated that corresponding bones in the same subject on different sides of the median line were often of different lengths, although the limbs as a whole were equal. Sayre, at his own request, was asked to make the measurement, in so far as possible, at a later date, and to report next year. It was also shown that a case in a fully equipped hospital, was in much more favorable circumstances, than a like case in private practice. The following resolution was adopted :—

WHEREAS, The members of the Surgical Section of the American Medical Association have listened with interest to the report of Prof. Sayre, of New York, on the subject of Fractures; and

WHEREAS, Statistics accompanying said report in the institution (Bellevue Hospital) represented unusual results; therefore,

Resolved, That this Section, after free discussion of the report and its reference to the Publishing Committee, would express their opinion, based upon experience, that the results in relation to shortening following fractures is better than can be looked for in general practice.

It is but fair to add that the Section was almost unanimous in the passing of this resolution. Later, an interesting scene occurred in which a boy of eleven, who had broken a femur six years ago, from the practice of Dr. Farrand, of Detroit, was exhibited by Dr. Sayre, and skeptics who doubted the non-occurrence of shortening, were asked to say which leg had been broken. The challenge was accepted, and several examined the boy, some of whom declined to express an opinion. Of the rest, it is certain that the majority "got on the wrong leg," the fact being that the broken thigh was now rather longer than its fellow.

SYPHILIS.

Prof. SAMUEL D. GROSS, of Philadelphia, the venerable Nestor of American Surgeons, read a lengthy and elaborate paper on Syphilis. He contended that Syphilis is a principal cause of Scrofula so called; maintained the unity of the syphilitic poison; denied its modern origin, and affirmed his belief in its existence in the days (and probably in the persons) of Job and David. He advocated its attempted restriction by legal enactment, so as to prevent wide-spread physical degeneracy through unlicensed brothels. It should, he thought, come under the Contagious Diseases Act, (as in Britain), or some cloaking name, that its object might not be defeated by a popular cry, the offspring of prejudice and ignorance, as it had been in the only place where legal restriction had been tried, viz., St. Louis, with its recent "Social Evil Act."

This paper excited free comment in conversation, and would have been much more freely discussed by the Surgical Section next day, but for Dr. Gross being summoned to Baltimore. So much notice has it excited, that the pathological and socio-legal questions raised in it, must become matter of earnest contention for a year or two. Dr. J. Marion Sims, of New York, considered it *the* question of the day. The day had now come when religion would no longer hold up her hands in holy horror, at the handling and advocacy of the question. Indeed he was proud to know, that the medical profession had now first declared war, and was in the van, seconded or alone it made no matter.

Dr. SAYRE, of New York, strongly expressed his belief in the spontaneous generation of syphilis, and that it arose from promiscuous intercourse.

Dr. MOORE, of Rochester, denied it, instancing the Sandwich Islands, which on discovery by Captain Cook contained no syphilis, although their religion prohibited intercourse only with sisters, and so was sufficiently promiscuous. Similarly syphilis did not exist in Australia on its discovery, although similar conditions existed as to intercourse.

Uræmia.

Dr. F. R. Bucham, of Flint, Michigan, read a paper on "Uræmia." He took issue with the teaching of any authority, however celebrated, when such authority states directly, or by implication, that uræmia is an effect or sequel of albuminuria, as he was convinced, and indicated a course of investigation which demonstrated, he thought, that uræmia can exist, and does exist, independently of albuminuria, without the destruction of a single tubulus uriniferus; without a trace of albuminuria in the urine, and without any evidence of disease of the kidney whatever, and that consequently when the two conditions are found together they simply co-exist, and that a much greater number suffer from uræmia, who have neither morbus Brightii nor uræmic eclampsia, than are to be found who have either or both. He had made nearly 800 quantitative analyses for urea, and satisfied himself that it not only existed in Bright's and the eclampsiæ, but also in many of our every-day diseases, exerting its baneful influence where there was no disease of the kidneys whatever. The question naturally arises here, if it is the function of the kidneys to eliminate urea, and if these organs are healthy, why do they not perform their duty? Because, by the disease or disorder of some other organ or organs, solids in a state of league faction may be so much increased in the blood that the kidneys, in trying to eliminate them, are compelled, so to speak, to neglect a part of their ordinary duty. Consider the amount of sugar eliminated in diabetes, or bile in jaundice. Is it any wonder that urea should be allowed to accumulate, while the sometimes enormous quantities of sugar or bile are being excreted? It may be urged, however, that diabetes and jaundice are of rare occurrence. Granted; but is biliousness—jaundice in miniature—very uncommon? Take into account, also, the triple phosphates in overwrought nerve-centres, pus, etc., and is it wonderful that in performing so large a vicarious labor that the ordinary work of the kidneys should be imperfectly performed? Again, in dyspepsia, where nitrogenized food stops short of complete metamorphosis, there is "destructive assimilation," and then the kidneys have to eliminate not only the urea generated by disorganization of tissue, but also that produced by imperfect digestion. How often do we hear "examine the urine for albumen," while had a quantitative examination been made for urea, how many long learned ingenious theories as to diagnosis and etiology would have been unwritten? He preferred Thudichum's (Davy's?) method, made by accurate apparatus arranged by Flint, Jr. Would it be *a priori* considered strange that with a full, bounding, rapid pulse, increased temperature, skin dry, urine often very scanty, as is common in our fevers; would it be thought strange that uræmia in some degree should be present, and that the fever should be modified by ts presence? He had no doubt that often the low muttering delirium of such fevers is due directly to that agent; and that many cases of so-called muscular rheumatism and neuralgia, ought properly to be designated uræmia, and he had on that theory treated and relieved both the last named maladies that had resisted appropriate remedies for rheumatism and neuralgia, prescribed by eminent physicians. He had also found many cases of epilepsy, and some forms of spinal disorders, due entirely to, or much aggravated by the same cause; and in that terrible disease, cerebro-spinal meningitis, of which we *know* little excepting its fatality, he believed it will yet be found that uræmia exerts a very marked influence, if it is not directly the cause.

Miscellaneous.

Space and time, to say nothing of your patience, alike forbid my more than mentioning the titles of the other subjects and papers presented and discussed. Dr. E. Lloyd Howard, the noted insanity expert, of Baltimore, read a paper on "Emotional Insanity;" Dr. A. N. Talley, of Columbia, S. Carolina, on "The Relation of Psychology to Medicine;" Dr. E. W. Gray, of Bloomington, Ill., on "Physiology and its relation to the Practice of Medicine;" Dr. J. J. Caldwell, of Baltimore, on "Electricity as a Restorative Agent in Narcosis and Asphyxia;" Dr. Theo. Parvin, on "Uterine Hemorrhage;" and Dr. A. N. Bell, of Brooklyn, on "The Waste of Life;" to say nothing of the President's (Dr. Toner, of Washington,) address, and other papers full of suggestive topics.

Suggestion.—Since Pathological Science knows no boundary or nationality, why should not Canada become part and parcel of the *Americau* Medical Association? Our neighbors have cordially offered us recognition; let us make the further step and secure legitimate union, and thereby give a whole-

souled response to their welcome with mutual benefit. Doing so need not interfere with the working of the Canada Medical Association, which would still exist and prosper just as do the several State Societies. We can *perhaps* teach them how practically to suppress quackery and to legislate for higher education. This union would by its magnetic influence soon wake us out of this behind-the-age everlasting Rip Van Winkle sleep into which has fallen, it must be owned with a blush, our country's pathology.

CASES IN SURGERY.

BY WM. M'CARGOW, ESQ., SURGEON, CALEDONIA, ONT.

CASE I.—UNUNITED FRACTURE OF THE HUMERUS, OF NINE MONTHS' STANDING, SUCCESSFULLY TREATED.

Mrs. F., æt. 32 years, of good constitution, fell on the 14th August, 1872, a distance of eleven feet, from an unfenced side-walk, into a tributary of the Grand River, among timber and stones. I saw her soon after, and found her suffering very great pain from an injury of the pelvis; she also sustained an oblique fracture of the right humerus, at the middle portion. I dressed the fracture, putting on a well-fitting angular splint to the posterior surface of the limb, with the usual smaller splints at the seat of fracture. Little or no swelling followed, nor was the fracture at all disturbed by the subsequent dressings. At the expiration of six weeks, to my great disappointment, no bony union had taken place. I then put up the limb for some weeks with splints and a starch bandage, and these failing, I advised a consultation. Several of my medical friends in Hamilton saw her, and advised friction or rubbing together of the fractured surfaces, and the limb to be dressed with Millboard splints; the outer to overlap the Acromion process, and to extend to the end of the fingers; the inner one, from the axilla to the corresponding part of the hand. On the 22nd of October it was carefully dressed in this manner: The millboard having been cut to the proper shape and size, was softened and applied; after being allowed to dry, it was reapplied, being well padded, and a starch bandage over all.

On the 3d of May, nearly nine months after the accident, assisted by Dr. Kerr of Galt, and Dr. Robert H. Dee, of the Indian Reserve, I made an incision on the outside of the arm down to the bone, the ends of the bone were exposed and the knife introduced for the purpose of freely dividing the cartilaginous-like substance which was between them, after which, a steel director was used, the bones separated and well rubbed with it. The wound was then closed by wire stutures, and dressed, the arm put into a tin splint, such as my friend, Dr. Kerr, uses in all kinds of fractures of the arm.

Considerable swelling and inflammatory action followed, with free suppuration; the wound now very soon healed, and, at the expiration of eight weeks, bony union was affected. She has not, as yet, as good use of her fingers as formerly; they are however improving, and she has done her own housework for the last eight months.

Dr. Kerr suggested the introduction of a tenotomy knife between the bones, so as, to produce sufficient irritation, making a mere punctured wound externally. I however considered that the manner in which the fractured ends were disposed, precluded me from successfully doing so.

CASE II.—A PORTION OF TIMOTHY GRASS, SUPPOSED TO BE LODGED IN THE RIGHT BRONCHIAL TUBE, FOR FOUR AND A-HALF MONTHS, EXPELLED BY NATURE.

On the 4th July, 1873, I was called to visit William John Jackson, a delicate looking boy, aged six years; having acute febrile symptoms, with a short dry cough. On the 8th, on examining his chest I detected the usual symptoms of pneumonia *in the upper* and posterior portion of the right lung; pain being first felt at a point a little below the clavicle.

In a few days the greater part of the posterior and latter part of the right lung became dull upon percussion, and in spite of treatment gradually went on to the formation of an abscess. The sputa were purulent, streaked occasionally with blood, and very offensive. Quick pulse; high temperature, seldom below 102°; dyspnœa; emaciation, &c. A little below the angle of the scapula, gurgling and large moist rales, &c., could be heard, all indicating an unhappy state of things for the patient.

The season of the year, the continuance of inflammatory action in spite of treatment, and the part first attacked, caused me to inquire if he slept with his mouth open; for if so, probably some kind of insect may have got into the air passage.

A week or two after, his mother observed timothy seed in his sputa; a remark then made by the boy

led her to remember his having "swallowed" a straw which nearly strangled him.

I was then told the following :—The boy had beenplaying with a spool into which he had put a large part of a head of timothy, for the purpose of again forcibly ejecting it through the hole in the spool ; some of the seeds becoming detached caused him to cough and powerfully inspire, when the head of timothy slipped into his windpipe.

I told the parents that this was the real cause of the boy's illness.

Drs. Malloch and Strange of Hamilton saw the case with me. The day previous to their coming I found in the vessel containing the sputa what they and I took to be the straw without the seed. We therefore concluded that no surgical interference was necessary, and that the boy would not likely live many days.

After the lapse of five weeks, at 4 o'clock, A. M., he had while coughing, a severe hœmoptysis which had nearly proved fatal. His father after this, gave him tincture of iodine in mistake, instead of laudanum,—increasing the dose, seeing that it did not allay his cough or procure him sleep. When I detected this and found that the sputa were diminishing, also the fetor, I ordered the iodine to be continued. The symptoms then changed gradually and slowly for the better, so that he quite recovered flesh, and coughed but little.

On the 14th of November, during a severe fit of coughing, the head of timothy was forcibly expelled. It was brought to me ; it was about one inch and a half in length, and as dry and hard as when it first entered.

He has lately recovered from an attack of whooping cough, and is now hale and hearty.

CHOLERA INFANTUM.

BY G. A. WILLIAMS, M.D., BAY CITY, MICH., U.S.

Relaxation of the bowels is one of the most frequent diseases of infancy, and is most common between the ages of six months and two years ; that is the period of dentition. The teeth produce considerable constitutional derangement, and as the alimentary canal is becoming rapidly developed there is always a tendency to diarrhœa or dysentery. The exciting causes are various, hot weather being the most common. The digestive organs are extremely delicate at this time, so much so, that milk alone from the breasts of a prudent mother will very often bring on derangement of the stomach. Although great care is required in these cases, and particularly the very blandest kind of food, some mothers wean their babies, and, to use their own expression, they feed them almost everything. In a great many cases the child is allowed to nurse too often and too much, and in this way irritation is set up and there is acidity of the stomach ; the bile becomes acid and vitiated, and then we have vomiting and purging. There appears to be a close connection between the action of the intestinal canal and that of the liver, so that any derangement of the one will produce excitement of the other. Besides improper feeding, we have among the exciting causes, *malaria*, bad ventilation, improper clothing, and exposure to the changes of the weather. As long as this irritability of teething remains, the disease is liable to continue in a more or less degree and run a certain course, therefore we must endeavour rather to guide than to check it. In such cases, I believe, astringents of any kind always do harm. In the beginning, clear the bowels of all offensive matter with some gentle purgative ; then with simple alteratives, *constant* counter-irritation and strict attention to the diet, the patient will generally recover. The less the child is dosed the better ; for I believe the care and attention of the mother to be much more important than any medicine. I have seen a mixture called the neutralizing mixture used with very good results. It possesses the advantage of not doing any harm, as well as amusing the mother and friends, which I consider to be a very important part of the treatment. It is composed of Rhei Pulv., Sodæ Carb., Essence Menth. Pip., and Vini Gal. For a child six months old, order Rhei, Sodæ, aa gr. vj ; Menth. Pip,. gtt. ½ ; Vini. Gal. gtt. v. ; to be given every three hours when there is griping and sickness at the stomach. Curb the child's appetite, and instead of allowing him to nurse when he has a desire, give a little barley water or some other simple food and rather let him go hungry than aggravate the disease ; for although the nourishment is required in the system the stomach is unable to digest it. When the child begins to grow weak, stimulants will do good as they always do in any similar case of prostration. I have

generally used brandy freely, and the little creatures always seem to take it with great avidity. A bandage around the abdomen, and rubbing with brandy and sweet-oil warmed, will give tone to the parts and sometimes be found very beneficial. When the disease is about to become chronic and the discharges are watery, astringents are recommended, but, I believe, they only do good in occasional cases when the disease depends merely upon the weakness and flaccidity of the parts. In most cases there is more or less enteritis and the secretions are morbid, then by giving astringents we treat the effect instead of the cause. Opium, in any form, I believe to be always injurious to infants, and as we can do without it, I would not be in favour of giving it in any case. It always affects the brain, so much so, that I have seen several cases of idiocy, produced by nothing more than the injudicious use of opium in childhood.

Correspondence.

CASE OF ORANGEISM.

To the Editor of the LANCET.

Last March, Mr. B. called me to see his little girl, who was a year old, and whom I had seen twice the previous week for cerebral symptoms, the result of teething and intestinal irritation. The child was an only one, its parents having previously lost one from some affection of the brain, so far as they could explain the case to me. Before seeing the child, I was told that she had passed by the bowels hundreds of substances like "bots," and the father of course hinted that perhaps these would account for the disease I was treating. On examination of the "bots," I found indeed hundreds of small, inflated, bulbous, semi-transparent bodies, tapering off abruptly into a tail the length of the body and of the diameter of common thread. These bodies, in fact, reminded me of boiled barley with the awns attached, the difference being that they were translucent, and, on being crushed, cracked like a bladder and allowed a clear fluid to escape. I was puzzled, and confessed so to the parents, maintaining at the same time that, from the appearance of the child, the peculiar evacuations did not correspond with the other symptoms. However, I promised to investigate the case and report. My report was to consult a higher authority; but as the child improved and passed no more comets, no other physician was consulted. In about ten weeks, however, the child passed another batch of these curiosities, and this time the parents were more alarmed than before. Mr. B. had, in the interval, been narrating the wonderful case to several parties where he had been visiting, and one of those croning alarmists (of whose presence every coterie can boast) had told him of several cases that had happened in Guelph; that they had proved fatal; that the doctors had 'opened" them; and that the lower part of the intestinal canal was a mass of living "bots." Mr B., who is in the habit of handling a knife when meditating, was one day exercised in the minute dissection of an orange, accidentally, however, found a cure for his fears, and by patiently experimenting, solved the case. He found that it was only when the child ate oranges that the bots made their appearance, and that by withholding the oranges the undigested cells disappeared from the stools, to make their re-appearance on the oranges being allowed. I of course dissected an orange, and found that the structure of the fruit was exactly hundreds of bot-like cells loosely held together, such as I had seen pass undigested through the child; and although I do not feel ashamed to confess that, in diagnosis and original research, I was second to a non-professional gentleman, yet I was glad that I had the manliness to confess my ignorance of the case, and I think I was rewarded. Perhaps I ought to add that the child improved rapidly after the diagnosis was completed.

D. HEGGIE, M.D.

Brampton, 12th July, 1874.

Selected Articles.

THE EMPLOYMENT OF GELSEMINUM, IN ODONTALGIA AND FACIAL NEURALGIA.

I desire to draw attention to the value of gelseminum sempervirens in the treatment of some forms of odontalgia. Since reading Dr. Wickham Legg's paper, published in May last, advocating the employment of the drug in cases of odontalgia, I have frequently used the remedy for the relief of toothache and some allied affections among my outpatients. Gelseminum, commonly called the yellow jasmin, is not very generally known to Eng-

lish practitioners, although it has been largely used in medicine for some years in the United States. The drug seems to act mainly upon the nervous system, impairing the sensibility of the sensory nerves. American pharmacists prepare a liquid extract; the dose of the powder root is from one to two gains; I have used a tincture, made from two ounces of coarsely powdered gelseminum root macerated in a pint of rectified spirit. In hospital outpatient practice, we meet with a large number of cases of neuralgic pains in the face and jaws, associated with carious teeth, but unconnected with any evident local inflammatory changes. The patients are frequently badly nourished women. In such cases, I have given the tincture of gelseminum, in doses of fifteen minims every six hours, in an ounce of dill-water. Out of about twenty cases, I do not think the use of the remedy has failed to be followed by decided and lasting relief in more than three or four instances. The pain did not usually disappear till after the third or fourth dose. I have seen enough of the employment of gelseminum, to feel sure that more extended experience and careful investigation of its action will establish the drug as a valuable addition to our materia medica.

Case 1.—S. W., aged 30, confined eight months ago, not suckling, anæmic, for twelve months had been suffering with grinding, shooting pain in the teeth, jaws, and temples. The pain was generally worse from 9 to 10 a.m., sometimes at night. Eating brought it on. She had several stumps, but the dentist said that nothing was to be done. She had tried many medicines. She was ordered tincture of gelseminum, ten drops in water thrice daily. She was relieved by the first dose, and the improvement continued whilst she was under observation and taking the medicine—two or three weeks.

Case 11.—T. B., aged 39, complained of violent stabbing pain from the mastoid process, over the side and front of the head, coming on from 3 to 6 a.m. This had continued for three weeks. There was no known cause, except a fall on the part seven months ago. His general health was good. He was ordered five grains of quinine before the paroxysm, fifteen grains of ammonium chloride thrice daily, and liniment of chloroform. He got no definite relief, except from the last mentioned, and, at his next visit, was ordered three drops of tincture of aconite. From this he had much relief for a few days, when he relapsed. Pain was now felt more in the jaws and left side of the face. He was ordered ten drops of tincture of gelseminum, and got distinct and decided relief which continued whilst under observation.

My note-book contains now many similar cases, which warrant me in adding my testimony to that of Dr. Legg, and to that of my friend and colleague Dr. Sawyer. I have ample evidence of the power of gelseminum to relieve pain, especially—I do not say only—in branches of the fifth nerve; and medicines that relieve pain are the most valuable we can have. In toothache from caries or irritated nerve, I do not know that we often think of any but local treatment, unless sometimes aconite or large doses of quinine; yet in very many cases, gelseminum will relieve markedly. Its use, as may be said of most neurotics, is not free from some danger; but I have only seen unpleasant symptoms once, and then from an American liquid extract in doses of five to ten drops (the dose marked on the label). These symptoms were dimness of vision and extreme prostration. They soon passed, but may serve to remind that the evidences of the physiological action of the drug are, loss of sight, double vision, headache, paralysis. Several cases of accidental poisoning have exhibited these; the few recorded fatal ones were all of children to whom extravagant doses had been given. The preparation I now use is a tincture made according to the usual pharmacopœial mode (*e.g.*, as tincture of aconite), but with two ounces of root to the pint of spirit. It was first prepared here by the hospital dispenser, Mr. Dewson, and is now kept by Messrs. Southall. The dose ordered was from five to twenty drops, and with this, among a large number of out-patients, I have had no cause for anxiety. As the "Therapeutic" corner of our Journal is now, and usefully, occupied concerning tetanus, I will point out that gelseminam, from its paralysing power, ought, *à priori*, to be of use in that malady.—*Brit. Med. Journal.*

Darwinism tested by recent researches in language.—On Monday, May 11th, Dr. Bateman of Norwich delivered a very interesting lecture on this subject in Paris to a large Anglo-American and French audience. Sir John Cormack, who was in the chair, in a few remarks at the close of the lecture, amid the assenting applause of the meeting, said that he thought the lecturer had made good his anti-Darwinian position. Dr. Bateman chiefly insisted on the three following points. 1. Articulate speech is an *universal attribute* of man; all races having language and the capacity of acquiring it. In support of this proposition were cited the writing of Taylor, Lubbock, and Moffat the African traveller. 2. Language is a *distinctive attribute* of man; it consequently establishes the difference of kind between man and the lower animals, which Mr. Darwin is in search of. 3. Although physiologists—Gall, Broca, and others—have been for a long period trying to connect speech with some definite portion of the brain, they have hitherto failed; and, as science has failed to trace speech to a material centre—has failed to connect mind with matter—*speech constitutes a difference of kind between man and the lower animals.*

CASE OF OVARIOTOMY.

CARE OF MR. WAGSTAFFE, ST. THOMAS'S HOSPITAL.

E. B., single, aged 23, but looking very much older, was admitted into the St. Thomas's Hospital, under the care of Mr. Wagstaffe, on April 23 of the present year. For four or five years she had been out of health, with biliousness, loss of appetite and of flesh, and frequent sick-headaches. Fifteen months ago, after a fit of indigestion, she noticed her abdomen to be larger, but the swelling was not lateral. The swelling had gradually increased since, with pain in the back and stomach. She was tapped in January of the present year, and sixteen pints of dark fluid drawn off. At the time of her admission the abdomen was much distended, its circumference two inches below the umbilicus being rather more than thirty-six inches; and the cyst appeared to be single. Tongue rather white in the centre; catamenia regular.

May 21.—The usual precautions for thorough disinfection having been taken, chloroform was administered after a subcutaneous injection of morphia. Incision made in middle line about three inches long. Peritoneum gradually exposed and readily distinguished, and tumour seen through it; no fluid in peritoneum; no adhesions. Trocar and canula drew off sixteen pints of dark thiek fluid. Cyst emptied and withdrawn; a mass of small cysts in the tumour near to pedicle. Fallopian tube elongated, but not enlarged. Pedicle rather long, and springing from left side, from which side the tumour had arisen. Clamp included Fallopian tube. Cut surface touched with solid perchloride of iron. No escape of fluid into peritoneum; no exposure of patient. Six silver sutures inserted, five including the peritoneum. Wound dressed with carbolised oil; cotton-wool and flannel belt adjusted. After operation, morphia was injected subcutaneously about every four hours, in consequence of the pain due apparently to compression of the Fallopian tube. The morphia was subsequently diminished.

22nd.—Wound healthy. No distension or tenderness; no sickness.

23rd. — After a very close night she was not so well. There was some slight abdominal distension, and she was sick once, and complained of pain in the right side. The temperature rose to 103·7° during last evening. Carbolic acid was injected subcutaneously every four hours, and ice-bags applied to the abdomen.

24th.—Better. Temperature varying between 99·5° and 101°. In the morning she was free from pain, was looking well, had no sickness, and was taking liquid nourishment well. In the evening she was worse; had one or two rather violent attacks of retching, but the abdomen was not much distended.

25th.—Being decidedly worse this morning, the enema-tube was passed into rectum to relieve flatulence, and later on the recto-vaginal pouch was punctured by a fine trocar, which did not, however, draw off any pus; the pouch was not sensibly distended with fluid. In the evening another puncture was made by a large trocar, and a mixture of pus and blood came away, but it was not offensive. The temperature during the day varied between 99° and 101°.

26th.—She sank at about 4 a.m., five days after the operation.

At the post-mortem examination it was found that there was general peritonitis, the small intestines being injected and distended, but the amount of lymph superficially was small. In the right flank was a quantity of offensive, sickly-smelling, decomposing lymph and pus; in the left flank there was a smaller quantity of the same; while in the pelvis there were about two or three ounces in the recto-vaginal pouch, into which the trocar had been inserted. There was little or no inflammation along the pedicle, and the wound in the abdominal wall was healthily closed, except where it had been opened shortly before death.

Clinical Remarks (by Mr. Wagstaffe).—This case was apparently simple, and it is difficult to assign a cause to the fatal complication. The character of the pedicle and wound after death shows that these parts were not in an unhealthy state. It must be noticed, however, that the first indication of peritonitis coincided with a condition of atmosphere prone to excite active decomposition; that until the night of the 22nd she was doing well; and that after this peritonitis had apparently been checked, symptoms of greater advance of the peritonitis manifested themselves at a time when the atmosphere was again in a very unhealthy state. At both times of activity in the inflammatory symptoms the air was excessively close and oppressive, highly charged with electricity; and at the time of the last exacerbation a violent thunder storm was impending. It is well known that at such times animal substances are peculiarly prone to fermentation and decomposition; and what is more probable than that the inflammatory products which are necessarily poured out after a large operation such as ovariotomy, and which are so liable to septic changes, should be affected by that electric or other dynamic condition of atmosphere which promotes decomposition in such a marked manner? These products of inflammation should go on to organization, or be reabsorbed under healthy conditions, but under the peculiar conditions of atmosphere referred to, they must be very liable to decompose, and by their decomposition to produce active and fatal peritonitis. This case is not one of those in which retained fluid in the pelvis is the start-point of peritonitis and where the removal of the cause by tapping the recto-vaginal pouch would have been probably

followed by a removal of the peritonitis. There had been no draining of blood or cyst-contents into the pelvis, and, moreover, the amount of pus in the flanks was as much as that in the pelvis. In the presence of these facts it seems impossible to attribute the complication to other causes than those of atmospheric origin.

It is worthy of notice that the first indication of peritonitis seemed to be entirely checked by the treatment adopted, and this was directed to two ends. One of these was to allay the local mischief by the free application of ice to the surface; and that this was for the time successful was evident, for the surface remained cool, and, until the next thunderstorm, the patient was almost entirely free from pain. The other main object was to neutralise the influence which the circulation of septic products was likely to produce upon the circulation generally. This was attempted by introducing carbolic acid subcutaneously. This case will, it is evident, prove nothing conclusively as to the action of carbolic acid thus administered, for the results obtained may be attributed with equal reason to the ice; but in three or four cases in which the subcutaneous injection of carbolic acid has been made use of in this hospital in cases of septic poisoning, its effect in checking the rise of temperature and the occurrence of rigors has been most marked. The use of morphia in this case was limited as much as possible, and confined to allaying pain when it occurred.—*Med. Times and Gazette.*

SECONDARY ABSCESS FOLLOWING A STRANGULATED OMENTAL HERNIA.

BY ROBERT CORY, M.B., B.A., CANTAB.

John A——, a farmer, aged thirty-two has suffered for ten or twelve years from occasional severe pains in the abdomen, preceeded by a swelling in the right groin. The swelling used to disappear spontaneously on lying down. He never consulted anyone about these attacks, and never himself attributed them to hernia.

On the 6th of September, 1873, he had an attack similar to those he had had before, but more severe, accompanied this time by vomiting. He therefore sought advice, and was seen by the gentleman then acting as my *locum tenens*. On the following day the vomiting ceased, but as his bowels had not acted since the attack he was ordered a purgative. On the 8th his bowels acted freely, but the swelling in the groin still continued. On the 9th the pain became more localised in the region of the swelling. From this date to the 16th the swelling gradually increased in size, extending into the scrotum and along the inguinal canal, while a red flush appeared on the skin covering it. On the 16th the swelling burst just over the external abdominal ring, and a quantity of offensive pus escaped having a strongly marked fæcal odour.

Sept. 17th.—I first saw him to-day. The scrotum is full of pus, which freely escapes by the opening when it is raised.

18th.—The scrotum is again full. A counter opening was made in the most dependent part to let the pus drain away.

23rd.—A piece of sloughing omentum, the size of a penny came away to-day through the anterior opening.

24th.—The redness in the groin is rapidly disappearing, and the constitutional symptoms, which have been severe, are abating.

From this time to Oct. 14th he rapidly improved, both openings having closed. On the 15th he had a truss adapted, and got up for the first time on the 16th. A week after this he was doing light work on his farm, and continued to improve until the 10th of November, when he was seized with rigors and pain in his left side. On examination of the chest, there appeared to be slight dulness at the left base, but nothing marked. From this date he never felt well; he remained in bed for ten days, and then got up, but was again obliged to take to his bed on Nov. 29th. He now had a troublesome cough with slight expectoration, and complained of pains on both sides; his left arm felt numb, and he said he could not keep it warm; there was, however, no loss of power.

Dec. 4th.—He was taken to-day with a severe pain in the cardiac region, which was aggravated by deep respiration. He seemed very depressed, and vomited occasionally. On examining the chest, there was dulness at both bases, with very indistinct vesicular murmur. The dulness decreased upwards until about midway, where it ceased. At the apices expiration was prolonged, but the sounds were otherwise normal. Just below the nipple on the left side there was a small localised area, in which distinct fine crepitation could be heard. This portion corresponded with the seat of pain. The area of cardiac dulness was increased, but not to any great extent. Heart sounds were weak, but there was no murmur.

5th.—He died suddenly this morning at 6.30 a.m. His wife stated that the vomiting continued until his death, and that the left arm became quite cold.

Autopsy, thirty-four hours after death.—On removing the sternum, an abscess, the size of a hen's egg, was opened, which had for its anterior wall the conjoint cartilages of the seventh, eighth, and ninth ribs of the left side. The floor of the abscess was formed by the upper surface of the left lobe of the liver; while the diaphragm, covered by the pericardium, formed the upper wall. The pericardium was greatly distended with fluid, measuring 6½ in. in length and 4½ in. in its greatest breadth.

On opening the pericardium, it was found to be full of a thin, opaque, milky fluid; the whole internal surface, together with that covering the heart, was incrusted with a layer of flocculent, recently deposited fibrin. At the posterior part of the pericardium, which rested on the diaphragm, there was a small aperture, which communicated with the abscess cavity, through which pus had escaped into the pericardium. The pus in the abscess was thick and creamy. There was very little fluid in the pleura. The left lung was slightly adherent. The lungs were healthy, except being congested at their bases; they were more or less crepitant throughout. The endocardium and valves of the heart were healthy. The liver was healthy, except immediately beneath the abscess, where there was a firm cheesy mass, the size of a pea, triangular in shape, with its base towards the surface; this was situated in the substance of the liver. The omentum formed a band, which extended from the left side across the abdomen, and descended through the right abdominal ring into the scrotum, where it was adherent to the cicatrix of the old wound. There was no peritonitis, but the band of omentum was matted together, so that it could not be spread out at its lower part.—*British Medical Journal.*

NITRATE OF URANIUM IN DIABETES MELLITUS.

UNDER THE CARE OF MR. KENNEDY.

For the following notes we are indebted to Mr. R. J. Carey, house-surgeon, South Sussex Dispensary.

Mary G., of Plasket, æt. 17, who has never menstruated, came to the dispensary on Jan. 14th, 1874. Though previously healthy, for the last six weeks she had gradually become weak and inert. Her skin was harsh and dry, and her appetite voracious. There was great constipation, thirst, and polyuria. She is a nervous subject, but there was no history of a fright or change of diet. The urine (sent that day week) showed much sugar by Trommer's test. She was given fifteen drops of tincture of perchloride of iron three times a day, and skim-milk ordered.

For the next fortnight she steadily grew worse, and then the treatment was changed to ten drops of tincture of opium, and a week later fifteen drops, three times a day, with croton-oil pills. By this time she was so weak that she could not come to the dispensary herself. On Feb. 18th a sixth of a grain of nitrate of uranium, in water, was given three times a day, and gradually raised to the third of a grain. A week later she was much better. The week following, the bowels were regular, and the appetite and the quantity of urine no longer excessive; while on March 4th, and for a fortnight after, she had gone back to her usual diet, and felt nothing wrong with herself save some muscular weakness.

From March 21st to April 8th she was not seen, but then she returned with a bad cold and out of sorts again. However, though she was weak and needed change of air, the bowels were regular, the appetite defective, polyuria not noticeable, and the urine showed no sugar by Trommer's test, or by the fermentation and specific gravity test.

The following table shows the condition of the urine from March 11th :—

March 11th ...	sp. gr. 1038 ...	much sugar.
" 21st ...	" 1021 ...	sugar—a trace.
April 8th ...	" 1025 ...	no sugar.
" 15th ...	" 1024 ...	no sugar.
" 25th ...	" 1025 ...	no sugar.

Many may doubt if the nitrate of uranium had anything to do with the patient's recovery, but, as some cases of rapid cure and many of permanent palliation of this disease by the use of this drug have been recorded, it is to be hoped that practitioners of large experience will properly test its value in cases of diabetes mellitus.—*Lancet.*

CHLORAL AS AN ANÆSTHETIC DURING LABOR (*The Lancet*, February 21, 1874).—Dr. W. Playfair has found that chloral has the immense advantage over chloroform, when administered during labor, of not lessening the strength or intensity of the pains, while at the same time remarkedly diminishing the suffering resulting from them. It is chiefly applicable at a period when we would not think of administering chloroform,—towards the termination of the first stage of labor, before the complete dilatation of the os and when the sharp grinding pains perhaps produce more suffering and are less easily borne than the more forcing pains of a latter stage.

He gives the drug at first in fifteen-grain doses, and then in smaller quantity, increasing the intervals between its administration, and this usually keeps up a full and sufficient effect for hours. It need not at all interfere with the exhibition of chloroform.—(*Med. Times Phda.*)

CHLORHYDRATE OF TRIMETHYLAMIN IN RHEUMATIC FEVER.—A new successful instance of the above has been communicated to the Therapeutical Society of Paris, by Dr. Martineau. When called to the patient he found that the elbow had, since the morning, become red, enlarged, and painful; skin hot; pulse 90. Ten grains of the drug were administered. The next day a great improvement was noted. The pain in the elbow had entirely disappeared, and the pulse had fallen from 90 to 65. No crisis or cardiac complication had occurred. The same treatment had been equally successful in a similar attack a year previously.

PARACENTESIS THORACIS.

BY G. H. PHILIPSON, M.A., M.D. CANTAB.

Patrick O'Neil, æt. 22, single, laborer, was admitted into the Newcastle-upon-Tyne Infirmary, under my care, March 5th, 1874. He stated that he had been unable to follow his employment for two weeks, but that he had not been well for three months, having suffered from cough; and that, at the commencement of his illness, he had experienced a severe sharp pain in the left side of his chest, which was made worse by breathing.

At the time of his admission, he complained greatly of difficulty in breathing, of thirst, and of general weakness. On inspection of the chest, it was seen that the left side was stationary during forced respiration, and appeared larger than the right; and that the intercostal spaces were widened, the depressions being effaced. On percussion, the left side was found to be wholly dull, in front from the clavicle to the lower boundary of the chest-wall, and behind as high as the spine of the scapula. Respiration, vocal resonance and fremitus, and tussive resonance, were absent. On the right side, the respiratory sounds were puerile in character, accompanied with sonorous rhonchus; while the voice-resonance and fremitus were very distinct. The right side of the chest at the nipple-line measured 16⅞ inches, and the left side 17⅛ inches; the left being a quarter of an inch larger than the right. The heart's impulse was visible and perceptible two and a half inches to the right of the sternum. The sounds were distinct and without murmur. The pulse was 120, hard and small; the temperature was 103 deg. Fahr. He was much emaciated, the biceps readily starting into ridges upon being percussed. He was of the lymphatic temperament, having dark brown hair, long eyelashes, dark grey eyes, and thick upper lip. He was ordered quinine, and to have the chest well rubbed every night and morning with liniment of turpentine and acetic acid.

March 11th. The urgency of the symptoms had so increased as to denote serious interference with the functions of life, and it was determined to afford relief by paracentesis. The operation was performed by Mr. George Rowell, junior house-surgeon, with the aspirator, when five and a half pints of a yellowish-colored clear liquid was withdrawn, which became semi-solid after a short interval. The liquid continued to flow for one hour and a quarter, and during the time the patient was frequently required to inspire deeply. During the passage of the liquid, the heart was observed gradually to resume its normal position, and finally was seen beating in the fifth intercostal space on the left side, about one inch below, and half an inch within, the left nipple. After the operation, the patient appeared much relieved, and voluntarily expressed his comfort. Respiration was then clearly heard in the left infraclavicular region, as also the vocal resonance. He was ordered ten grains of the compound powder of ipecacuanha at bedtime.

March 18th. For the last three days, he had been able to be out of bed, and to walk about the ward. He expressed himself as able to breathe with ease, but still complained of thirst and weakness. His pulse was 120, and temperature 103 deg. Fahr. Vocal fremitus was distinctly perceptible over the left back as low as the eighth rib. Respiration and vocal resonance were also distinctly heard. The percussion-note was clear from the eighth rib upwards. The respiration on the right side was much less puerile, and unaccompanied with ronchus. The measurement of the right side of the chest at the nipple-line was 17 inches, and the left 17 inches. He was ordered cod-liver oil in combination with the syrup of the iodide of iron, three ounces of port wine, and the full meat-diet.

March 25th. He appeared stronger, and complained less of thirst. His pulse was 110, and temperature 102 Fahr. Respiration was clearly heard at the left base; also vocal resonance.

April 8th. His weight was 8 st. 3½ lbs. Pulse 100, and temperature 100 deg. Fahr.

April 22nd. His weight was 8 st. 3½ lbs. Pulse 100, and temperature 98 deg. Fahr. He was able to be out in the garden every fine day, and was taking his food with relish. It was noted that his shoulders were equal in height, and that there was no curvature of the spine.

REMARKS.—This case has been recounted with the view of directing attention to the value of the operation of paracentesis in cases of extensive pleuritic effusion, not only in preventing a fatal result from impending suffocation, but also in expediting the restoration of the patient; the simplicity, painlessness, and freedom from danger of the operation by the aspirator being well exemplified. It also illustrates the necessity of not delaying the operation until the lung has become totally unfitted for free expansion, and displaced organs have become permanently fixed by pleuritic adhesions. The interest of the case is further increased by the considerable and long continued elevation of the temperature, and the prolonged quickness of the puise. In the chart, extended over a period of five weeks, a range of temperature is indicated between 103.6 and 98 deg. Fahr., and a pulse between 120 and 100. When the temperature and pulse are reviewed together, and with the emaciation and temperament superadded, the deposition of tubercle is indicated, and the fear that the pleurisy was diathetic, and not purely inflammatory, predicated.—*Brit. Med. Jour.*

THE EMPLOYMENT OF WARM WATER IN SURGERY.

In continuation of a former paper on the subject, Professor Hamilton, of New York, reports in the *Medical Record* of May 15 several additional cases in proof of the great utility of warm-water submersion in the treatment of wounded or gangrenous surfaces. First introduced by the German surgeons of the St. Francis Hospital, it has commanded attention by the success which it has since attained.

For the arm and hand, a zinc bath is employed, twenty-three inches in length, eight in breadth, and eight in depth. This has a cock inserted at its lower part for drawing off the water, and around its upper and outer margin are small wire-pins to facilitate the suspension of the limb, which should not itself be allowed to rest on the edge of the bath. There is a movable cover, leaving an opening for the arm. For the lower extremity the bath is of a triangular form, with its apex placed below. The water has not been kept at an absolutely uniform temperature, much being left to the feeling of the patient. About 95° is the temperature usually adopted, and renewal thrice daily is generally sufficient. When secondary hæmorrhage is feared, the limb is dressed for a few hours with either warm or cold fomentations, and left at rest on the bed for some hours, neither sutures, strapping, nor bandages being applied. The bath or fomentations are then systematically employed. For fomentation, the limb is enveloped in several folds of lint or soft old muslin saturated with warm water, the whole being surrounded by oiled silk or vulcanized caoutchouc. This is changed about every four or six hours.

As the general conclusion of his trial of the plan, Professor Hamilton states that by no other treatment has he ever obtained equally favourable results. It limits the area of acute inflammation remarkably, erysipelas or gangrene being arrested in their progress, the temperature in this last being raised to from 100° to 110°. Septicæmia and pyæmia have been met with in no case in which submersion has been practised from the first day of the accident, etc., while purulent infiltrations and consecutive abscesses have been very infrequent and limited. Traumatic fever has rarely been present, and in no case intense. On the second or third day after the submersion of recent lacerated or incised wounds the adjacent parts are found swollen but not much reddened, the integument generally assuming a white and sodden appearance, with only slight tenderness. On the fifth, sixth, and seventh day, the swelling is greater than usually accompanies other treatment, but there is no increased tenderness, while it pits on pressure, showing its œdematous character. At this time the granulations are generally covered with lymph or some exudation of a whitish colour, which might easily be mistaken for a diphtheritic deposit. At the end of fourteen days or thereabouts (the period at which in most cases fomentations are substituted for submersion), the limb is still œdematous, and the granulations are abundant, sometimes presenting a fresh, red appearance, and at others being covered with the white exudation.

After fomentations have been substituted, the œdema gradually lessens, although its final disappearance may be delayed until after cicatrisation, the cicatrix sometimes remaining for months depressed below the level of the sound parts. Granulation and cicatrisation, however, progress as rapidly, or even more so, as under any other mode of treatment. Professor Hamilton has had few opportunities of testing the power of hot water in arresting the march of erysipelas, as this affection is generally prevented. Its power in arresting the progress of traumatic gangrene is very remarkable. It is in cases of laceration or contusion of the hand or foot, when the integument and flesh are extensively torn, that the superiority of submersion is especially seen—that is, if the limb be submerged without closing the wound by sutures or bandages. The œdema which ensues, indeed, renders the employment of sutures quite unsuitable. For mere contusions, without laceration, the results of the treatment have proved highly satisfactory. In incised wounds and amputation wounds, when union by first intention is desired, fomentations are substituted for immersion, as they are also in lacerated wounds so placed as not to be conveniently submitted to submersion, in old ulcers, in many cancerous and syphilitic sores, and in some simple contusions and sprains. · "In short (to repeat what has been already intimated), with warm water, either in the form of bath or fomentation, we treat nearly all surgical accidents; carbolic acid, chlorides of soda or lime, and other antiseptics being reserved for very rare and exceptional cases. Unguents and poultices are almost unknown at the Hospital of St. Francis.—*Medical Times and Gazette.*

Chancroids—In the Charity Hospital, New York, according to the New York *Medical Journal*, iodoform is used as a dressing for chancroids, in the proportion of one part glycerine and one of iodoform. This is applied to the ulcer twice in twenty-four hours, and appears to be more satisfactory than the usual applications.

It is found that chancroids can be cauterized with nitric acid, without causing severe pain, by first applying to the sore pure carbolic acid. The carbolic acid serves as a local anæsthetic, and prevents the nitric acid from causing pain, which is not easily borne, by the patient.—*Med. and Sur. Reporter, Phila.*

Reports of Societies.

LEEDS AND GRENVILLE MEDICAL ASSOCIATION.

A Quarterly Meeting of the Medical Association for the counties of Leeds and Grenville was held in Brockville, on Friday, 3rd July, 1874. There was a fair attendance of members, but many who had promised to attend were unable to do so, and several letters and telegrams were received at the last hour, regretting their unavoidable absence. The President, Dr. Morden, delivered an address, of which the following is an extract:

GENTLEMEN,—Since this Association was organized, a law has been enacted to protect the public from the increase of uneducated medical practitioners on the one hand, and to mete out justice to our profession on the other. That such a Bill passed is a cause of no little congratulation, when we remember the opposition it met, from those who should only have seen in it the necessity for skilled workmen. No one objects to the system of trained pilots to guide the vessels of the public down the river, between the rocky islands, past the hidden shoals, and through the roaring rapids. Is ignorant presumption all these men require? It certainly is quite as difficult to guide the bodies and lives of those entrusted to our care, through the dangers of childbirth, over the period of childhood, past the critical age of puberty, guarding from contagion and hidden diseases, repairing the various injuries, sometimes saving valuable lives by that cool intrepid courage which the power of knowledge alone gives. Yet to have seen the arguments resorted to, by the opponents of this much needed law, it seemed they thought the only qualification necessary was presumption, apparently quite forgetting "that fools rush in where angels fear to tread." Let us be thankful a more enlightened majority existed in the Ontario Legislature, and particularly grateful to those who personally exerted themselves to obtain it.

With the public we may rejoice that no more uneducated members will be admitted to practise here in the noble profession of medicine. This must have the effect of increasing our usefulness and raising our social influence. How soon we benefit in this way must depend on ourselves. As we conduct ourselves, so will the public treat and respect us. If we are to pursue that suicidal policy of injuring each other by insinuation, by word and deed, we act like fools and knaves; so we will be known and so we deserve to be treated. Let me illustrate a case: One doctor is called to see a patient in the absence of another; he is immediately regaled by a lot of abuse of the other medical man or men, as the greatest treat the people have to offer the one present. The doctor is asked to look at the medicine left by another doctor he says it is not the right medicine to be given in this case; perhaps throws it in the stove, or says he will take it home for safe keeping, while it may be he takes it to another patient; or in case of consultation, changing the color or form of the medicine, and not its character. What is it, gentlemen? Is it robbing him of his livelihood; robbing him of his good name? Yes, it is more. It is stabbing a brother under his fifth rib, with a pleasant smile of triumph to those around. Out upon such conduct; it is murder, and treat it as the vile thing it is. To show how intelligent people see these acts: I knew a medical man pay a visit of courtesy in the absence of the regular attendant, and prescribe the simplest remedy, to answer until his return; on the return of the regular attendant, his condemnation of what the other had done was so strong that, on its being reported to a friend of the patient by a person present during both visits, the friend said, "It is fortunate I was not there, or I should have put him out in a hurry." Let us hope these things are among the past, and turn to a more pleasant view for a little, and see how we can make our arduous duties a labor of love. Let us respect ourselves and treat each other as brothers in a noble work; for what is more noble than the work of the skilled physician, sacrificing himself for the good of others? It is a work fit for the gods. He often burns the midnight oil, when weary and tired, in order better to fit himself for the duties of to-morrow, by reading the writings of those whose chances for observation are better than his; or he exposes his life in investigating the causes of disease; or drags his own fatigued body out of bed, out of doors, to this one and that one, in order to relieve pain, often at the risk of his own life, as in seasons of contagious diseases and epidemics. There can be little doubt, if these Associations are properly carried on, that

they must be the means of doing much good to us all, and in this way to the public. As we come to know each other better, it will be strange if there is not something to like in each, as well as much to learn of one another. We cannot all be a Jenner, a Simpson, a Holland or a Howard; but we can all be honest, good workers in our own sphere of usefulness. We may all do our part in teaching the public how to become wealthy and wise in matters of health; and often by a kind and encouraging word to those we so often meet, with burdens too great for them to bear, bring down unknowingly blessings on our own heads through their grateful prayers. In a mercenary point of view, for I believe "the laborer is worthy of his hire," we should be well paid. If we pursue a course that commands respect, showing skill and learning, the public will not be long in discerning that there are wise men, for whose services they must pay according to their ability; and when once the habit is formed, they will do it cheerfully. If we stand shoulder to shoulder in fitting ourselves (for we must always be students) and in working together, we shall all soon be wealthier in the matter of money. The question to day is, shall we let bygones be bygones, and begin a rational policy towards the public, and each other, or are we to wait and die off as we are? If the latter, the sooner we die off the better, and give place to our successors, who, I am sure, will be wiser in their day and generation. I trust this day may beget a new leaven, that will leaven the whole body of medical practitioners in this part of Ontario. If it is to prove so, gentlemen, let us each assist and do our part like true men, and we can accomplish all we desire.

The Treasurer's report was read and adopted.

It was resolved that the next meeting of the Association be held at Prescott, on the first Friday of October. Dr. Wallace, Vice-President, and Dr. Gascoigne each promised to read a paper at the next meeting.

Dr. J. E. Brouse presented a liquid preparation, consisting of equal parts of chloral and camphor, which he has found useful as a local application in neuralgia.

The President presented a preparation of fibroid polypus of the uterus, which he had removed. He also introduced a little boy, to show the very favorable results of an operation for club-foot, and the advantages of Sayre's boot. He afterwards read a paper on Inflammation of the Lungs.

After the business of the meeting, the members were invited by the President to take a luncheon at the Revere House, and then to take a trip up the river and amongst the Thousand Islands, thus ending the day most agreeably.

FRANCIS ELKINGTON, M.D.,
Secretary.

ONTARIO AT THE MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

[We last month gave a brief synopsis of the doings at the late meeting of the American Medical Association at Detroit in the first week in June. It seems to us that the *role* played by our own Province at that meeting was of sufficient interest to deserve a more elaborate record than we had room for, and we accordingly give place to the following communication.]—ED. LANCET.

On the morning of assembling, it was announced that several professional gentlemen were present from Ontario, whose names have been already given; and Dr. Wm. Brodie, of Detroit, moved that they be made members by invitation. After passing the resolution PROF. RICHARDSON, of Toronto, was called upon to reply. He said: "Mr. President and Gentlemen of the Association, unexpectedly I have been selected by my colleagues from Ontario to represent them before this august assembly. I do so with great diffidence, because I feel there are others far more capable than myself of expressing our sentiments towards our medical brethren of the United States; and I feel a difficulty because there are others invited who have not yet arrived. Hence I am inclined to deny myself the gratification and honor which I feel has been conferred upon me in being permitted to address you—an honor greater than I had ever anticipated. However, as a member of the medical profession I have just ground for being proud—a manly and honest pride—that I am a member of a profession which, for untiring zeal, unflinching fortitude, unselfishness unparalleled, and for devotion to the cause of humanity, cannot be equaled. I was present in this city in 1856, and felt that I was received with great kindness; so that, when the proposal was made that I should be again

present, I responded with avidity. There is so much of life and animation in your meetings that we Canadians are profited very much. I can but wish that others were here who are yet to arrive, especially Dr. Hodder, of Toronto, a man venerable in years and of higher professional standing than I. However, I shall be pleased to contribute in any way that I can to the well-being of the American Medical Association." (Applause.)

In the section on Obstetrics and Gynæcology, Dr. Lucas, on behalf of the inventor, exhibited an improved pessary for retroflexion and retroversion of the uterus, which had been invented by Dr. Scott, of Woodstock, Ontario; and Dr. Scott himself subsequently explained its uses and advantages. After discussion of its merits by Warner, of Boston; Miner and White, of Buffalo; Pallen, of St. Louis; Byford, of Chicago; Ditherby, of Syracuse; Stockwell, of Port Huron; and Morris, of Baltimore; a vote of thanks was tendered to Dr. Scott.

At the meeting of the General Association on Friday,

Dr. C. B. Hall, of Toronto, offered a resolution expressing the thanks of the Canadian delegates for the hearty reception of them by the Association. He felt that his associates and himself had been greatly benefited by the meeting, and expressed himself as highly pleased with the advanced state of pathology evident in the United States. He gave expression to the hearty good will which prevailed between members of the profession in the United States and Canada, and excited humor by contrasting their political institutions with ours, referring to our good-looking Queen as a more suitable object for loyalty and devotion, than their rough Soldier-President.

Prof. Richardson, of Toronto, in seconding the resolution, said that he could not allow the opportunity to pass without expressing his thanks for the honors and courtesies he and his friends from Canada had received. He had not felt that he was a Canadian or a stranger. Both by members of the Association and citizens of Detroit they had been received with such friendliness that they felt that no words of appreciation would be extravagant.

Prof. N. S. Davis, of Chicago, in response to a call for reply, said that it was certainly with pleasure he responded to the kind sentiments which the gentlemen have expressed who were their visitors, and who by their presence had contributed much to their enjoyment. One of the best benefits received at meetings like this is the feeling of cheerfulness and pride in our profession inspired, and a renewed determination to make it honorable; and meetings of this kind furnished us each with that magnetism which has more to do with curing our patients than our pills and powders, (Applause.) as well as to get hold of some new remedy or new idea. It makes the enjoyment higher and more impressive if we can shake hands with a delegation from over the lines in sympathy with us. He wished for a delegation from every civilized country on the globe. The spirit of humanity demands toleration and universal science; and so we shall heartily welcome our brethren from over the lines every year. He had been received with great kindness when in Toronto some years ago at a meeting of the Canadian Association. So the members proper of the Association were gratified by their presence this year, and every year would work with them and hail them with the hand of friendship. Our idea is to gather out of all the sciences the means of alleviating suffering, prolonging human life, and depriving death of some of its terrors, and so benefiting the human race. This object knows no divisions or boundaries other than the limits of the human family. (Applause.)

Ontario has now, too, quite a number of her sons beyond her frontier who were present. We noticed Dr. Sinclair, formerly of London, Ont., and the Eye and Ear Infirmary, N.Y., now in practice in Detroit as a specialist; Dr. Stimson, formerly of St. George, Ont., and Dr. Book, of Windsor, are also there in practice. Dr. Reynolds, of Orion, Mich., and Dr. D. F. Stone, of Metamora, Mich., alumni of the University of Toronto, were also present. The latter is well known and esteemed from his former connection with the General Hospital staff in Toronto. He is, ere this, off for a summer's tour in the pathological centres of Europe.

Dr. A. Hamilton, of Millbrook, was official phonographic reporter for the Association, it being deemed advisable to have all discussions of interest placed on record by expert reporters, with a professional education.

Dr. Richardson, ,of Louisville, Kentucky, extended a hearty invitation to all members of the American Association to attend the next meeting of the Association at Louisville on the first Tuesday in May, 1875, where they would be greeted with a genuine Kentucky welcome.

Space prevents more than a mere notice of the social element. An excursion down Detroit River in the Steamer *Dove*, lawn parties, evening reunions, visit to House of Correction, display of fire-men, etc., were poured upon Canadian visitors with that genuine off-handedness which characterizes our neighbors.

COUNTY OF SIMCOE MEDICAL ASSOCIATION.

SECOND ANNUAL MEETING.

The second annual meeting of this Association was held at Arnall's Hotel, in Barrie, on Tuesday, the 21st July. The attendance was not so large as that of last year. Simcoe is a large county, having within its limits upwards of seventy qualified medical men; and it is a matter of regret that the profession is not better represented at these annual gatherings, which are so useful in promoting union and good feeling among the "doctors." However, busy practitioners engaged in the all-absorbing toils of their profession, cannot always call themselves masters of their own time, and, viewed from this standpoint, the small attendance at Tuesday's meeting is perhaps excusable. It is to be hoped that next year's meeting will be better attended. The minutes are appended:

There were present—Drs. Sanderson, Orillia; Morton, Barrie; Nicol, Cookstown; Hamilton, Barrie; Boyle, Midland; Wells, Barrie; Beaton, Stayner; Lund, Churchill; Blackstock, Hillsdale; Hanly, Wabashene; Callighan, Thornton, and McConkey, Barrie.

The meeting being called to order, the Secretary read the minutes of the last annual meeting, which were adopted.

Moved by Dr. Hamilton, seconded by Dr. Morton,—That Dr. Sanderson, in the absence of the President, take the chair.—*Carried.*

The Chairman made a few opening remarks, deploring the lack of interest taken in the proceedings of the Association, as evidenced by the small attendance, and briefly but lucidly mentioned the several topics which would engage the attention of those present, particularly dwelling upon the advisability of forming territorial associations.

Dr. Hamilton followed, urging the importance of unanimity amongst medical men.

The Secretary made a few remarks, in which he considered a Provincial Association, made up of delegates from each County Association, would prove highly beneficial, particularly in bringing measures to bear upon members of Parliament in the different constituencies.

After a great deal of discussion, it was moved by Dr. Beaton, seconded by Dr. Morton,—That this Association appoint delegates to attend a meeting proposed to be held at Orangeville, for the purpose of organizing a Territorial Association for the territory of Saugeen and Brock, said delegates to be instructed to advocate the formation of a Provincial Association.—*Carried.*

Moved by Dr. Lund, seconded by Dr. Nicol,—That this meeting approve of the formation of a Provincial Association, to be formed by delegates sent from each County Association, to assemble at Toronto for the purpose of organization, and that Associations be at once formed in all counties where not already organized.—*Carried.*

Moved by Dr. Blackstock, seconded by Dr. Lund,—That each County Association be empowered to send as many delegates to the proposed Provincial Association as there are Parliamentary Ridings in such county.—*Carried.*

Moved by Dr. Hamilton, seconded by Dr. Beaton,—That the delegate to the meeting at Orangeville, to form the Territorial Association, receive the sum of $12 to defray expenses.—*Carried,*

Moved by Dr. McConkey, seconded by Dr. Callaghan,—That the Secretary be instructed to send circulars to each duly qualified practitioner, containing a copy of the minutes of this meeting, and to request each member to forward to the Treasurer his annual subscription fee of $1; and also that a report of minutes be sent to the CANADA LANCET for insertion.—*Carried.*

Moved by Dr. Boyle, seconded by Dr. Hanly,—That Dr. Beaton, of Stayner, be the delegate appointed to attend the ensuing meeting at Orangeville, to aid in forming the Territorial Association of Saugeen and Brock.—*Carried.*

Moved by Dr. Hanly, seconded by Dr. McConkey,—That Drs. Lund and Blackstock be the delegates appointed to represent the Association at the proposed Provincial Association, expenses of said delegates to be paid by the Association—the sum to be $12 each.—*Carried.*

The officers for the ensuing year were then elected as follows:

President—Dr. Sanderson. 1st Vice-President—Dr. Hamilton. 2nd Vice-President—Dr. Norris. Treasurer—Dr. E. D. Morton. Secretary—Dr. McConkey. Executive Committee—Drs. Callaghan, Crookshank, McCarthy, Nicol, Wells, Blackstock, and *ex-officio* the officers of the Society.

Before closing, a general discussion took place, in which the necessity of medical men receiving fees for attending Crown cases, at Court, received ample approval.

It was then moved by Dr. Hamilton, seconded by Dr. Lund, and carried unanimously,—That the thanks of this meeting are due and are hereby tendered to Dr. Sanderson, for the able manner in which he has discharged his duties as Chairman.

A vote of thanks was moved by Dr. Beaton, seconded by Dr. Callaghan, to the Treasurer and Secretary—Drs. Hamilton and Blackstock—respectively; all the gentlemen making suitable replies.

The Association is to meet once a year. *All* legally qualified medical practitioners in the county are members of the Society, on payment of $1 to the Treasurer, Dr. Morton, Barrie, to defray printing and other expenses.

T. D. McCONKEY,
Secretary.

THE CANADA LANCET:

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☞ *Communications solicited on all Medical and Scientific subjects, and also Reports of Cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet," Toronto.*

AGENTS.—DAWSON BROS., Montreal; J. & A. MCMILLAN, St. John, N.B.; J. M. BALDWIN, 805 Broadway, New York, and BALLIERE, TINDALL & COX, 20 King William street, Strand, London, England.

TORONTO, AUGUST 1, 1874.

THE POSITION OF SPECIALISTS.

In all the large cities of the United States the multiplication of Specialists has been quite decided of late years. The tendency to an almost extreme division and limitation of practice, indeed, has been noticed as a characteristic of the day. It may be supposed, that a desire to escape the drudgery of general practice, has not a little to do with many practitioners in actuating them to adopt special lines in medicine or surgery. Such a motive deserves no consideration. But out of the many, there are sure to be some who honestly take up a special line of practice. It happens that their peculiar talents, training, and opportunities have peculiarly fitted them for taking up special departments, and cultivating these branches to the exclusion of other work. When such persons devote themselves, say to the surgery of the eye, or to any class of operations demanding peculiar delicacy, they ought naturally to attain greater proficiency, and be deservedly in greater request for the performance of their special kind of work. This proposition receives such universal assent that we find specialists quite eager to let the public know of their specialty, in the full confidence that work will follow. But the preservation of professional character demands, that there shall be no resort to advertising; and the specialist must either break from this ethical rule, or be content to have his patients come to him in the ordinary course, or be sent to him by general practitioners. There is thus an incentive to advertising on the one hand, and a check to it on the other. Within the past few months we have noticed in the American medical journals, letters urging a greater freedom, as respects advertising, in the case of specialists, followed by a correspondence denying them the privilege of any such inroad upon the ethical system. And now there is to be noted a decision given, as it were, from a court of appeal The Judicial Council of the American Medical Association brought up the matter, in a report presented at the late meeting. The deliverance of the Council on this question is so complete and so interesting to the profession at large that we are induced to quote from the report as follows:—

"The code of ethics very properly makes no mention of specialties or specialists, but presents plainly the rules necessary for the maintenance of professional character as applicable to all. But we are asked, how, then, can those who wish to pursue a special practice make known their position to their brethren and the public? We answer that the title of Doctor of Medicine covers the whole field of practice, and whoever is entitled to that appellation has the right to occupy the *whole* or any part of the field, as he pleases. The acceptance of this honorable title is presumptive evidence to the community that the man accepting it is ready to attend practically to any and all duties which it implies. As all special practice is simply a self-imposed limitation of the duties implied in the general title of doctor, it should be indicated not by special or gratifying titles, such as *oculist*, *gynæcologist*, etc., nor by any positive setting forth of special qualifications, but by a simple, honest notice appended to the ordinary card of the general practitioner, saying: 'Practice limited to diseases of the eye and ear,' or 'to diseases peculiar to women,' or 'to midwifery exclusively,' as the case may be. Such a simple notice of limitation, if truthfully made, would involve no other principle than the notice of the general practitioner that he limits his attention to professional business within certain hours of the day. Neither could it be regarded as a claim to special or superior qualifications. To give the specialist any privilege beyond this, would be to invest him with a special privilege inconsistent with the equality of rights and duties pertaining to the whole profession. We see no reason, therefore, for recommending any change in the present code of ethics in reference to this subject."

Thus is fairly disposed of, for the time being, a question which has arisen out of the division of labour in medicine, and the tendency thereto in

practice. That it will act as a wholesome check to the undue following of special branches must be conceded, for if once the barrier against advertising were let down, the tendency now observable would be unhampered by the restraints which are placed upon it.

MEDICAL SOCIETIES.

The time has come, when County and other sectional, as well as provincial Medical Associations, should be organised throughout the Dominion. To the many advantages which would necessarily flow from such a course, we need scarcely advert. We see too little of one another; we seldom, almost never, "compare notes" the one with the other; we plod on, each one in his own path, rarely meeting another whose hopes, aspirations and sympathies flow in the same channel as our own. Contact inspires new determination. But we have no means of coming in frequent and regular contact, for we cannot dignify as meetings those hurried street corner greetings, which form about the sum and substance of our inter-communication at present. We have beside us a most admirable and profitable Association, in the New York State Society. Why cannot as living and representative an Association be maintained in Ontario, which by its warmth and light may stimulate, invigorate and renew those who have the ability and the inclination to be earnest workers in the field, and who desire to see medicine and surgery placed upon such a scientific basis as is afforded by the more or less exact Natural Sciences? To excite magnetic and enthusiastic interest we must have personal contact, discussion and comparison. At present the Canadian practitioner derives nearly all his light and warmth either from Europe or the United States, playing the part of the parasite, rather than of the original observer, tester, and recorder. We cannot think so meanly of those to whom our citizens trust their lives, as not to resent the implication that this state of things is inevitable. We can, if we will, furnish our quota to the general stock, and thereby be more thoroughly awakened to vigorous activity in professional medicine. To secure this, professional organization is necessary, and well-established societies supply the best means. Legislative changes can therein be discussed, and thereby be prevented the necessity of medical men adopting the questionable course (of which we have already spoken disparagingly) of discussing such changes before the public gaze, in columns all of which lack sympathy with us, and some add thereto the demerit of positive and vindictive hostility. We trust that our remarks may incite to such action, that at the almost immediately ensuing meeting of the Canada Medical Association a first step may be taken in the direction indicated. Of the desirability and necessity of such a step we think there can be no question.

ALLOPATHY *v.* HOMŒOPATHY.

Dr. Cameron in a pamphlet entitled "Allopathy and Homœopathy," at page 14, thus speaks: "In contradistinction to the dominant section of the profession, which practises a purely empirical system, the Homœopath puts in practice what is strictly and technically speaking, science." After the recent struggle in the Legislature for the passage of the Medical Bill, it may, perhaps, be considered an opportune moment for taking up the more striking fallacies that are urged by these new school men in favour of themselves, and in disparagement of us. In so doing we propose confining ourselves to extracts from their own writers. No one has raised himself with more force and perseverance against all physiological and pathological systems, than Hahneman the author of the Homœopathic doctrine. He wars against them from the beginning in all his writings, particularly in a pamphlet entitled, "Value of Medical Systems" and, in a paragraph of his Materia Medica, entitled, "A Souvenier," he declares emphatically that medicine is, and only can be, but an empirical science, the same as physics and chemistry. He charges the pathologist, sometimes with creating imaginary morbid entities, purely nominal, by means of symptoms grouped arbitrarily; and sometimes with seeking the cause of the ills which afflict man, in the depths of physiological abstractions, such as the diverse degrees of lesions which sensibility, irritability and nutrition may undergo. He attacks them with the weapons of reason and ridicule. He adjures them in the name of conscience and religion, to renounce such errors. Who would not expect, after so many declamations, that the founder of Homœopathy, the inventor of infinitesimal doses,

would abstain entirely from all physiological explanation?—that he would invoke in favour of his own doctrine experience only—pure experience, as he incessantly repeats. No such thing. The whole explanation of his system is from beginning to end, but a physio-pathological theory, a long dissertation on the essence of disease, psora, and the intimate action of medicines. He says, for example, that diseases are but the immaterial alterations of an impalpable vital principle; hence he concludes that we must attack them by forces of the same kind, that is to say, by spiritual virtues of medicines. It is very commonly urged by the public that medical men are often incompetent to the task assigned them; that doctors are perpetually differing among themselves; and that no fixed and invariable rules of practice have been decided upon. Now, admitting to their fullest extent, these pleas, they prove nothing more than the intrinsic difficulties of the right application of medical science, and the additional necessity of securing the highest possible amount of information and experience, for those who have so complex a problem to solve. Let us now enquire how far Hahneman has avoided falling into the same faults with which he reproaches others? This advocate for pure experience or rational empiricism, thus speaks, (Organon, De l'art de Guerir, p. 40):—"That which unites the living parts of the human body in such a manner as to make it an admirable organism; that which determines them to harmonize in a manner so directly contrary to their primitive nature, physical or chemical; that which animates and impels them to such surprising automatic actions; that fundamental force, in fine, cannot be represented as a distinct being; it can only be understood imperfectly; it escapes all our investigations, and all our perceptions. No mortal can know the substratum of vitality, or the disposition *a priori* of the living organism. No mortal can sound the depths of such a subject, nor even describe its shadow." Hahneman affirms that there are but three ways of employing remedies specifically, viz., 1st. The Allopathic which uses remedies whose effects are different from the symptoms of the disease. 2nd. The Homœopathic which employs remedies whose effects have the closest possible resemblance with the symptoms of the disease. 3rd. The Antipathic method which employs remedies contrary to the disease. Here we would inquire, what is in fact the true aim of therapeutics? Is it not to cure? What then is essentially important to know in regard to any remedy or treatment? Is it not first, if it cures; *then* if it cures promptly and surely? Finally, in what doses and in what morbid circumstances, it shows itself most efficacious? Then, in what way can one be assured incontestably of all these things, asks Mr. Renaud? Is it not by means of therapeutic proof? When therapeutic proof has spoken, what is the use of enquiring whether the remedy has acted by homogeneousness or by antagonism, by similitude or difference?

Most writers on medicine resemble the attorneys in the comedy of the "Plaideurs," who speak interminably on matters foreign to the case, and say nothing, or next to nothing, on what concerns the litigation. We will conclude with an extract from Rapou's *Histoire de la Doctrine Homœopathic*, vol. ii. chap. 15: "The law of similars is positive, but it does not constitute the general law of therapeutics. Medicamental substances may operate by the law of contraries; enantiopathy is as often in play as homœopathy; both are secondary and accessory modes. The great principle is the specificity, and the most important problem is not to seek the similarity between the remedy and the disease, but to find, directly the specific appropriate to each morbid state. Dynamization does not exist even where by many its importance has been greatly exaggerated. Dilution is incapable of developing a medicamental efficaciousness in most substances which are inert in their natural state, and which Hahneman has put among the number of active remedies. Infinitesimal doses have no marked action; it is necessary ordinarily, to employ tinctures and powders, and never to extend them beyond the third or fourth divisions. Our medicines may be administered without inconvenience, in the ordinary pharmaceutical preparations, and the various allopathic remedies may be employed conveniently with them. Clinics must become the principal source of indications, and concur, in the largest degree, to the formation of our pure materia medica. This last part of science is to be reconstructed; an anatomical and physiological classification of symptoms must be introduced into it. The theory of psora, and its pretended consequences, are false in all respects.

We can, and we *must* seek to combine the specific procedure with the usual indications. It is proper to fall back to the use of pharmaceutical mixtures." With these admissions we would simply enquire what remains of Homœopathy? verily the play of *Hamlet* with the Ghost left out.

Starch Digestion in Infants.—The progress of experimental medicine seems to involve not a few apparent contradictions, owing doubtless to the great fact, that in animal chemistry, the conditions of an experiment cannot always be constant or uniform. We have had reason to be impressed with the conclusion, that starch is digested with great difficulty by infants, and that as an article of diet it is quite unsuitable for infants under the age of three months. Experiments have proved that starchy food in those little ones, is almost wholly excreted with the fæces, producing during its ingestion, flatulence, colic, restlessness, and other consequences of the presence of indigestible food in the bowels. Further investigations into this matter lead to the conclusion, that the indigestion is owing rather to the scanty secretion of saliva and starch-digesting fluids in the intestines, than to the want of starch-changing power in the saliva of the mouth. For instance, the physiologist—Scheffer, by placing in the mouths of new-born infants and sucklings, starch contained in little bags of tulle, has found that the fluid of the child's mouth resolves starch into sugar. On applying Trommer's test to the contents of the bags, the copper was reduced, showing the presence of sugar. It is a well known clinical fact that as soon as saliva begins to be plentifully secreted by infants, (which happens at the third or fourth month) the ability to digest starchy food is much more decided than at an earlier period of infancy.

Have we two Brains?—Dr. Brown-Sequard, in the "Toner lecture," delivered by him in Washington, on the 22nd of April, advanced the idea which is not altogether new, that we really have two brains. He gave instances in support of the theory, where patients used one half the brain independently of the other. He also stated his belief that the left brain was principally the organ of intelligence and exterior relation; the right, of organic functions and nutrition.

Examination College of Physicians and Surgeons of Ontario.—A professional examination will be held in the Convocation Hall, Toronto University, by the Board of Examiners appointed at last meeting of the Council. We have been requested to state that the examination will commence on the 21st of September next, *at 9 a.m.* instead of 2 p.m. as previously announced in the *Globe* and *Mail*. The above examination will be open to all candidates who have completed the curriculum of medical studies laid down by the rules and regulations of the Council. It is not at all probable, however, that Canadian graduates possessing additional British qualifications will present themselves before the Board. There is a clause in the act that provides for the admission, at the option of the Council, of persons qualified to practise medicine in Great Britian, to registration in Ontario, and we trust this option will be put in force, and that all *Canadian graduates possessing British qualification shall be exempt* from the expense and loss of time attendant upon an examination before the Board.

Oxide of Zinc in the Summer Complaints of Children.—There can be little question of the positive advance which has been made in medicine, by the introduction of oxide of zinc as a remedy for the summer diarrhœa of children, and the disordered state of the bowels accompanying the first dentition. It is now upwards of a year since the practice was first publicly recommended in the journals, and experience has amply proved the serviceability of this remedy. In suitable cases the oxide of zinc is eminently successful, checking nervous irritability, controlling spasm, and by its tonic effects paving the way of recovery by strengthening the system. In fine, the oxide of zinc proves an admirable remedy in children's diseases.

Was it Chloroform or Shock?—A statement has been going the rounds of the press of the death from chloroform of a Mrs. Thompson, of the township of Ops, who was operated on for the removal of a schirrus tumor in the axilla. The operation was performed by Dr. Degrassi, of Lindsay, and Dr. Dewar, of Port Hope. The patient rallied from the effects of the chloroform, and appeared to be doing well, but in an hour afterwards she commenced sinking, and syncope coming on, she died in a short time.

Appointments of Coroners.—Marshal Bidwell McCausland, of the Town of Ingersoll, Esquire, M.D., to be an Associate Coroner within and for the County of Oxford. John Davis Rose Williams, of the Village of Marmora, Esquire, M.D., to be an Associate Coroner within and for the County of Hastings. Adam Henry Wright, of the Village of Colborne, Esquire, M.D., to be an Associate Coroner within and for the United Counties of Northumberland and Durham. Adolphus Farewell, of the Village of Brooklin, Esquire, M.D., to be an Associate Coroner within and for the County of Ontario. Henry Sutton, of the Village of Madoc, Esquire, M.D., to be an Associate Coroner within and for the County of Hastings. William John Brereton, of the Village of Schomberg, M.D., to be an Associate Coroner within and for the County of York. Alexander McLaren, of the Village of Delaware, Esquire, M.D., to be an Associate Coroner within and for the County of Middlesex.

Anæsthetization during Sleep.—In a recent number of the *Pacific Medical and Surgical Journal* (June, 1874), Dr. W. R. Cluness, (who, by the way, is a Canadian graduate), reports two cases in which the patients were chloroformed during sleep, prior to the performance of surgical operations. As it has been many times doubted whether this could be done, the fact forms an answer to what is really an important question in medical jurisprudence. In both cases, the subjects were children of respectively two and a half, and eight years of age.

Mr. Erichsen.—The distinguished surgeon Mr. Erichsen, of University College, leaves England for Canada on the 30th of July. After spending a few weeks among his friends and connections in this country he will visit the United States. We are sure that the profession in this country will be glad to honor one who has done so much to exemplify in his practice the progress of scientific and practical surgery, and who has aided so much in the diffusion of surgical knowledge by his writings.

Acetic Acid Spray in Diphtheria.—According to the *N. Y. Medical Record* very satisfactory results have been obtained at the Charity Hospital, in the local treament of diphtheria by the use of acetic acid, in solutions of varying strength, in the form of spray produced by the atomizer.

Medical Pioneers.—It is always a recurring wonder to know what becomes of the annual overflow of medical graduates, which proceeds in spring time from our various colleges. Of course the disposition is most varied; but we hear this year of young medical pioneers, so to speak, pushing their way into the backwoods along the lines of railways projected and under construction, thus enlarging the area supplied by medical skill, and carrying an essential element of civilization into what, but a very few months ago, was truly a wilderness of forest and wild lands.

Urea in Hydrophobia.—We have noticed lately, both in the medical and secular press, urea repeatedly spoken of as an internal remedy in hydrophobia; but we have not heard of any cases in which it has been successfully used. We are very much inclined to doubt its efficacy. It is, however, a substance that can be easily obtained, either from urine, or by artificial means, and there can, therefore, be no difficulty in the way of a fair and impartial trial. Begin with the dogs.

Canadian Medical Association.—The regular annual meeting of this Association will take place at the Clifton House, Niagara Falls, on Wednesday the 5th of August. The Committee of arrangements have the gratification to announce that the proprietors of the Clifton House have kindly placed their fine hall at the services of the Association, and have also offered to entertain members and friends accompanying them at reduced rates.

Microscopy.—In another place will be found the card of Dr. A. J. Johnston, who, it will be seen, is devoting himself to this subject. He is prepared to make microscopical examinations, for those who have not the leisure, appliances nor experience to do so for themselves. Any specimens entrusted to his care, will receive his immediate and careful attention.

Death of a Distinguished Physician.—Dr. James McNaughton, President of the Albany Medical College, and the oldest practioner in this section, (Albany, N.Y.) died suddenly in Paris, France, June 12th, at the age of 77 years.

Honors.—Dr. Daniel Clark, of Princeton, Ont., member of the Ontario Medical Council, has lately received the Diploma of the Ontario College of Pharmacy.

DIED.

In the Province of Quebec, Dr. Ferguson, of Buckingham, suddenly.

On the 4th June, Dr. E. Vail, son of Dr. E. A. Vail, M.P.P., Sussex Co., N. B., by the accidental discharge of a rifle.

At New Dundee, on the evening of July 1st, the infant daughter of Dr. J. H. Webb.

At St. Mary's, Ont., on 26th June, of consumption, the wife of Dr. Wilson, aged 44 years.

At the residence of Mr. Archd. Campbell, Colborne, on the 6th ult., A. N. Bethune, M. D. brother of Dr. Bethune of this city.

On the 13th ult., from disease of the liver, Dr. Chadwick of Port Rowan, in the 51st year of his age. The Dr. was 22 years in practice and was highly respected.

Book Notices.

A Practical Treatise on the Surgical Diseases of the Genito-Urinary Organs, including Syphilis.—Designed as a Manual for Students and Practitioners. With Engravings and Cases. By W. H. Van Buren, A.M., M.D. and E. L. Keyes, A.M., M.D. 8vo. Pp. 666. 1874. New York: D. Appleton & Co. Toronto: Willing & Williamson.

The above work is a complete digest of the the nature and treatment of diseases incident to the genito-urinary organs as they are encountered in private and hospital practice. It is divided into *two* parts. Part I. is devoted to the treatment of the "Genito-Urinary Organs," such as diseases of the kidney, bladder, prostate, scrotum, testicle, strricure of the urethra, etc., etc. Part II. embraces the consideration of chancroids and syphilis and their appropriate treatment. The illustrations are numerous and well executed, and the work is destined to take a prominent place as a standard work. It is complete in detail, and exhaustive as to the subject it treats of.

The Sanitary Journal of Public Health. By Edward Playter, M.D. Toronto: Dudley & Burns.

This is the first number of a new aspirant for public favor. It is very well got up, and contains good articles on public health. We wish our cotemporary every success.

A Treatise on Pharmacy, designed as a text book for the Student, and guide for the Physician and Pharmacist. By Edward Parrish, late Professor of Pharmacy in the Philadelphia Col. of Pharmacy. Fourth Edition, revised and enlarged, with 280 illustrations. Philadelphia: H. C. Lea. Toronto: Hart & Rawlinson.

This work stands next to the U. S. Dispensatory as a work of reference for the practical pharmacist. The present edition has undergone a careful revision, and many changes and additions have been made, which still more fully increase its usefulness. It is also of great value to the physician. We gladly welcome it to our shelves.

Physical Measurements by Dr. F. Kohlransch, Prof., Polytechnic School, Darmstadt, translated from the second German edition by T. H. Waller, B. A., and H. R. Procton, F. C. S., New York; D. Appleton, & Co., Toronto: Willing & Williamson.

This work treats of the following subjects:—"Weighing and determination of density; heat effects of, measurement; elasticity, determination of; light, measurement of wave length; spectrum analysis; magnetism and electricity. It also contains an appendix, tables, &c., by the translators. The greater part of the work is devoted to measurements of physical quantities. It will be found very interesting to the scientific student

A Treatise on Therapeutics, comprising Materia Medica and Toxicology. By H. C. Wood, Jr., M.D. Philadelphia: J. B. Lippincott & Co. Toronto: Willing & Williamson.

This is also a new aspirant for public favor. It has been written with especial reference to the application of the physiological action of drugs to clinical medicine. It is a very useful practical work, and will be welcomed by physicians generally. We commend it to their notice.

Braithwaite's Retrospect of Practical Medicine and Surgery. New York: W. A. Townsend. The July number, 1874, just to hand. Price, post-free, $1.25. Orders sent to Messrs. Willing & Williamson will be promptly attended to.

The Treatment of Uterine Flexions, by Ely Van de Worker, M.D., Syracuse, N. Y.

Rare Cases of Congenital Syphilis, by L. D. Bulkley, A.M., M.D., New York.

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